

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010SEPT 07 2016  
RECEIVED  
SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.  
NMLC032339A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
G.H. MATTIX FEDERAL 29. API Well No.  
30-025-1098910. Field and Pool, or Exploratory  
LANGLIE MATTIX 7R QN11. County or Parish, and State  
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
OXY USA INC  
Contact: CASEY L SUMMERS  
E-Mail: CASEY\_SUMMERS@OXY.COM3a. Address  
PO BOX 4294  
HOUSTON, TX 772103b. Phone No. (include area code)  
Ph: 575-513-82894. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 3 T24S R37E NENW 658FNL 1964FWL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

OXY USA INC reports that in reference to the above location, all surface reclamation has been completed according to BLM guidance and is ready for initial inspection for pre-vegetative conditions. Request for approval of site to be placed in Monitoring phase for suitable surface growth.

3/26/16-Inspection completed. No issues found. (44) 5/17/16.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #332088 verified by the BLM Well Information System  
For OXY USA INC, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 03/03/2016 ()

Name (Printed/Typed) CASEY L SUMMERS

Title ENVIRONMENTAL ADVISOR

Signature (Electronic Submission)

Date 02/23/2016

Accepted for Record

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

SPE T

Date

9-2-16

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

CEO

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*