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SUNDRY MOTICES AND REPORTS ON WELLS <ul> <li>Derived with form for properties to effect to re-units an abandoned well. Use form 3160-3 (400) for such propages.</li> <li>It it ideau. Allow on the losses</li> <li>It ideau.</li></ul>		une 2015) DE	DEPARTMENT OF THE INTERIOR		FORM APPROVED OMB NO. 1004-0137			
Abardoned well. Use form 3160-3 (APD) for such proposals.		SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No.		
1. Type of Well       INMENUTABLE         1. Opport Well       ISAN HELL CARLEND REVEALS       INMENUTABLE CARLEND COMPLEX         1. Opport Well       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND COMPLEX         1. Opport Well       ISAN HELL PREVENSION COM       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         1. Opport VISA INC       ISAN HELL PREVENSION COM       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         1. Opport VISAN INC       ISAN HELL PREVENSION COM       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         1. Opport VISAN INC       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         1. Opport VISAN INC       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         1. Opport VISAN INC       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS       ISAN HELL CARLEND REVEALS         I. Opport VISAN INTERNING       ISAN HELL CARLEND REVEALS       ISAN H	.:	Do not use thi abandoned we	s form for proposals to dril I. Use form 3160-3 (APD) f	l or to re-enter an	· · ·	6. If Indian, Allottee or Trib	e Name	
Out Well       Context       UNERGOVEROTH       WEST BRAVO DOME UNIT D31          New of Operator DXY USA INC.       Extest. LESULE REEVES DXY USA INC.       30:00:21:0012          - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:0012       10:00:10:0012          - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:0012       10:00:10:0012          - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:0012       10:00:10:0012          - Address DX USA INC.       - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:0012          - Address DX USA INC.       - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:0002          - Address DX USA INC.       - Mathematical Context (LSULE REEVES DXY USA INC.       10:00:10:00:10:00:10:00:00:00:00:00:00:0		<u> </u>	RIPLICATE - Other instruc	tions on page 2	<u>.</u>		, Name and/or No.	
2. Name of Openter:       E. Alex LESUE: REEVES       9. At VI No. 30-021-2012         3a. Address:       P. Phane No. (risking same order)       10. Phane No. (risking same order)       10. Phane No. (risking same order)         3a. Address:       P. Phane No. (risking same order)       10. Phane No. (risking same order)       10. County of Pairles, Same         4. Local of Well (frequence, Sec. T. A. M. or Simry Discription)       11. County of Pairles, Same       11. County of Pairles, Same         5. Sciented Well (frequence, Sec. T. A. M. or Simry Discription)       11. County of Pairles, Same       11. County of Pairles, Same         5. Sciented Well (frequence, Sec. T. A. M. or Simry Discription)       11. County of Pairles, Same       11. County of Pairles, Same         6. Sciented Well (frequence, Sec. T. A. M. or Simry Discription)       11. County of Pairles, Same       11. County of Pairles, Same         7. YPE OF SUBMISSION       12. CHECK THE APPROPRIATE BOX(ES): TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         7. TYPE OF SUBMISSION       12. CHECK THE APPROPRIATE BOX(ES): TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         12. CHECK THE APPROPRIATE BOX(ES): TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         7. TYPE OF SUBMISSION       12. Order for the pair of the pair	· · · · · · · · · · · · · · ·		er: UNKNOWN OTH				UNIT 031	
PD 60X 4294       Ph::.T13.497.2492       WEST BRANCO DOWE         4. Location 4TWCH (Private, Sec. 1, R. M. or Survey Decemption)       II. County or Pank, Stat:         Sc. 3,T18N R2DE SWISE 1200FSL 1800FEL       III. County or Pank, Stat:         1. Decide of WWE (Private, Sec. 1, R. M. or Survey Decemption)       III. County or Pank, Stat:         Sc. 3,T18N R2DE SWISE 1200FSL 1800FEL       III. County or Pank, Stat:         1. CHECK THE APPROPRIATE BOX(ES):TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Production (Star/Reamo)         Oktober of Intern       Anidaz         Balance and the state of the state		2. Name of Operator OXY USA INC.	Contact: LES			9. API Well No. 30-021-20412		
<form>         Bes 3 TINN R29E SWSE 1200FSL 1800FEL       HARDING COUNTY, NM         IIII CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF ACTION         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</form>		PO BOX 4294 HOUSTON, TX 77210-4294	Pl	Phone No. (include area code 713-497-2492	e)	WEST BRAVO DOM	atory Area IE	
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       IYPE OF ACTION         Image: Subscription Report       Image:	•		1 · · · · · · · · · · · · · · · · · · ·			t in third is a start of the	NM	
TYPE OF SUBMISSION       TYPE OF ACTION            B Notice of Intent           A for Casing           Deepen           Production (Start/Resume)         Well Integrity             Subsiguent Report           Change Plans           Phig and Abandonment Notice           Other           Well Integrity             Subsiguent Report           Change Plans           Phig and Abandon           Owned to dependent           Owned to dependent <td>nin aanta ooga tii oongiaaa</td> <td>gan andre and an an</td> <td></td> <td></td> <td></td> <td></td> <td></td>	nin aanta ooga tii oongiaaa	gan andre and an						
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Address of midel     Address     Addres     Address     Addre	а — 			· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Subsequent Report       Casing Repair       New Construction       Recomplete       Other         Final Abandonment Notice       Clange Plans       Plug Back       Water Disposal         13. Describe Proposed or Completed Operation: Clearly start and province the locations and measure and the start and and the tood and write the work will be performed on the ond work on file with BLABIA. Required and fue vertical depths of all pertinent markers and zeness that the file of will be performed or provide the Bod No, on file will bLABIA. Required and the vertical depths of all pertinent markers and zenes that the file of will be performed or provide the Bod No, on file will bLABIA. Required and support the best completed file will be performed by on file will blab No. All Medical No. on file will blab No. Required and the vertical depths of all pertinent markers and zenes that the best completed file of all stoperations conducted on the vertical depths of all pertinent detains the best completed file of the stoperator for on the above reforenced lease effective August 01, 2018. OXY USA Inc. as the new operator accepts and applicable tests ready for file of the stoperator decase of the one meets Pederal Bonding requirements as follows         (43 GFR 3104): OI & Gas Bond No. All MEDGLABEL Concentring Operator accepts and performed test Start for force and bonding requirements as follows       Mark D & 2019         14. I hereby certify that the foregoing is true und correct.       Electronic Submission #444942 verified by the BLM Well Information System For OXY USA INC., wint the NO Puerco Committed to ArMS of provemating by NMIKINB BARBER on 01/29/2019 ()         Name (Primed Typed)       DAVID STEWART       Tike S.R. REGULATORY ADVISOR		Notice of Intent		. – – –		e is hour i Ta		
	· · · · · · · · · · · · · · · · · · ·	Subsequent Report	en Tolle en transmission		— .			
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any ergossed work and approximate duration thereof. If the proposal is to deeper directionally on complete horizontally, give substrine locations and measured and now vertical depths of all pertinent names and complete details in a multiple complete horizontal and the complete duration of the involved operations. If the grantom network in a number of the period subsequent reports must be filed only after all requirements, including reclamation, have been completed and the operator has been completed field by the site is ready for final inspection.         As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change of operator on the above referenced lease effective August 01, 2018. OXY USA Inc. as the new operator accepts all applicable terms, conditions, stipulations concerning operations conducted on the lease or portion of lease described, OXY USA Inc. meets Pederal Bonding requirements as follows:         14. Thereby certify that the foregoing is true and correct.       Electronic Stubmitission #444942 verified by the BLM Well information System For OXY USA Inc. Section 100 and ARREER on 01/29/2019 0         14. Thereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System For OXY USA Inc. Section 100 and ARREER on 01/29/2019 0         13. match?       Take S R REGULATORY ADVISOR         14. Thereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System For OXY USA Inc. Section 101/29/2019 0         14. Thereby certify that the foregoing is true and correct.       Electronic Submission		Final Abandonment Notice	🗖 Change Plans	Plug and Abandon	Tempora	arily Abandon		
If the proposal is to deepen directionally or recomplete horizontality, give substratec locations and rune vertical depits of all perinem markers and zones.     Attach the Bond ander which the vertices and the bond No. and New York operations. If the operation results in a multiple completion in a new interval, a Foom 3160-4 must be filed once     determined that the site is ready for final inspection     of the above referenced lease effective August 01, 2018. OXY USA Inc. as the new operator accepts     all applicable terrns, conditions, stipulations and restrictions concerning operations concerning operations concerning     all applicable terrns, conditions, stipulations and restrictions concerning operations concerning     all applicable terrns, conditions, stipulations and restrictions concerning operations concerning     all applicable terrns, conditions, stipulations and restrictions concerning operations concerning     all applicable terrns, conditions, stipulations and restrictions concerning     all applicable terrns, conditions, stipulations, and restrictions concerning     applicable terrns, conditions, stipulations, and restrictions, concerning     applicable terrns, conditions, stipulations, and restrictions, and restr							· · · · · · · · · · · · · · · · · · ·	
Lease Serial No. NMNM27898       MAR 0.6 2019         MAR 0.6 2019       DISTRICT 111         14. 1 hereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System         14. 1 hereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System         14. 1 hereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System         14. 1 hereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System         14. 1 hereby certify that the foregoing is true and correct.       Electronic Submission #444942 verified by the BLM Well information System         15. 0 mm correct       Committed to AFMSS for processing by VIRGINIA BARBER on 01/29/2019 ()         Name (Printed/Typed)       DAVID STEWART         Signature       (Electronic Submission)         Date       11/26/2018         This SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Date Markhiewicp         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant too conduct operations thereon.         which would entitle the applicant too conduct operations thereon.       Office #£60         Office       FE0         Title 18 U.S.C. Section 1001 and Tide	<ul> <li>following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.</li> <li>As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change of operator on the above referenced lease effective August 01, 2018. OXY USA Inc. as the new operator accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described. OXY USA Inc. meets Federal Bonding requirements as follows</li> </ul>							
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DISTRICT III         Interesting the submission #444942 verified by the BLM Well information System For OXY USA INC., sent to the Rio Puerco. Committed to AFMSS for processing by VIRGINIA BARBER on 01/29/2019 ()         Name(Printed/Typed) DAVID STEWART         Title SR REGULATORY ADVISOR         Signature (Electronic Submission)         Date 11/26/2018         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By         Conductor operations thereon         Office If the subject lease which would entitle the oppicant holds legal or equitable title to these rights in the subject lease which would entitle the applicant holds legal or equitable title to the service states any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.         (Instructions on page 2)         ** OPERATOR-SUBMITTED **		e in e ser en		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	MAR D	6 2019	
14. 1 hereby certify that the foregoing is true and correct.         Electronic Submission #444942 verified by the BLM Well Information System         For OXY USA INC., sent to the Rio Puerco         Committed to AFMSS for processing by VIRGINIA BARBER on 01/129/2019 ()         Name (Printed/Typed) DAVID STEWART         Date 11/26/2018         Signature (Electronic Submission)         Date 11/26/2018         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By         Quere Mankiewice         Originature (Electronic Submission)         Date 11/26/2018         This SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By	: 							
Electronic Submission #44942 verified by the BLM Well Information System For OXY USA INC., sent to the Rio Puerco Committed to AFMSS for processing by VIRGINIA BARBER on 01/29/2019 ()         Name (Printed/Typed)       DAVID STEWART         Title       SR. REGULATORY ADVISOR         Signature       (Electronic Submission)         Date       11/26/2018         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Dawe Mankiewicy         Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify 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         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 ** OPERATOR-SUBMITTED **				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0121410		
Electronic Submission #44942 verified by the BLM Well Information System For OXY USA INC., sent to the Rio Puerco Committed to AFMSS for processing by VIRGINIA BARBER on 01/29/2019 ()         Name (Printed/Typed)       DAVID STEWART         Title       SR. REGULATORY ADVISOR         Signature       (Electronic Submission)         Date       11/26/2018         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Dawe Mankiewicy         Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify 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         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 ** OPERATOR-SUBMITTED **	=	14. I hereby certify that the foregoing is	true and correct.		· · · · · · · · · · · · · · · · · · · ·			
Signature       (Electronic Submission)       Date       11/26/2018         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Dave       Mankiewicy       Title       AFM-Muneich       Date       31/1/3         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable tile to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Office       FfW         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 ** OPERATOR-SUBMITTED **	Electronic Submission #444942 verified by the BLM Well Information System							
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