

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

NMOCD

Hobbs

5. Lease Serial No.
NMNM2379

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

AUG 14 2017
RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
OXY USA INC

Contact: JENNIFER A HUDGENS
E-Mail: jennifer_hudgens@oxy.com

3a. Address
PO BOX 4294
HOUSTON, TX 77210

3b. Phone No. (include area code)
Ph: 713-513-6640

8. Well Name and No.
COVINGTON A FEDERAL 7

9. API Well No.
30-025-33614

10. Field and Pool or Exploratory Area
RED TANK

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 25 T22S R32E NWSW 1980FSL 990FWL

11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<input 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 checked="" type="checkbox"/> Other Venting and/or Flaring
	<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 recomple 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple 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.

OXY USA INC respectfully reports that the above location ended the 90 days of flaring from October 30, 2016 to January 28, 2017 that was caused by DCP related issues. TOTAL FLARE = 13768 MCF

OCTOBER - 1587 MCF
NOVEMBER - 4869 MCF
DECEMBER - 2800 MCF
JANUARY - 4512 MCF

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

Electronic Submission #366582 verified by the BLM Well Information System
For OXY USA INC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/13/2017 ()

Name (Printed/Typed) JENNIFER A HUDGENS Title ENVIRONMENTAL SPECIALIST

Signature (Electronic Submission) Date 02/09/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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 _____

ACCEPTED FOR RECORD
JUL 5 2017
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.

(Instructions on page 2)

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

Accepted for Record Only

MJB/OCD 8/16/2017