

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator Oxy USA Inc.

3a. Address
4008 N Grimes PMB 269 Hobbs NM3b. Phone No. (include area code)
575-397-8213

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

3, T21S, R31E/3, T22S, R31E/4, T22, R31E/33, T21S, 31E/35, TT21S, R31E/4, 22S, R31E/3, T22S, R31E

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

9. API Well No.

10. Field and Pool, or Exploratory Area

11. County or Parish, State

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

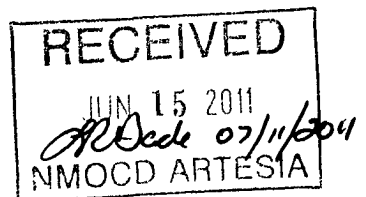
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 Temporary Flare
	<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 recompleate 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 recompleation 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.)

The Natural Gas purchaser for the below facilities DCP is shutting in their Hat Mesa Booster Station to install new compression for the facility. During this time Oxy is going to be upsizing and upgrading its gas sales line to the Hat Mesa Boostert o accomadate current and previous increase in production due to recent drilling activitie. In an attempt to continue producing these facilities we wish to flare the gas, until the booster can be brought back on. Oxy realizes there is currently a high fire danger, and to mitigate this hazard, Oxy will clear a 75' area around all temporary flares, as well as have the sites manned during evening hours. Oxy will also have a water truck on station 24/7 during the flare. During the day time areas there are several construction crews working in the area that will be able to observe the Flare sites in case of an uncontrolled fire.

The following facilities and daily volumes are the sites to be flared:

Lost Tank 3 Fed #5 490BO, 620MCF	015- 30586
Lost Tank 3 Fed #1 120BO, 150MCF	015- 29638
Lost Tank 4 Fed #1 430BO, 290MCF	015- 28727
Lost Tank 33 Fed #4 42BO, 280MCF	015- 29338
Lost Tank 35 Fed #4 118BO, 350MCF	015- 31275
Lost Tank 4 Fed #20 80BO, 1100MCF	015- 34918 34918
Lost Tank 3 Fed #23 80BO, 1200MCF	



* Subject to like Approval from the State (OCD)

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Signature: Chancey Summers

Title: HES Specialist

Date: 6-9-11

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by: James R. [Signature]

Title: SEPS

Date: 6-10-11

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: CFO

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.