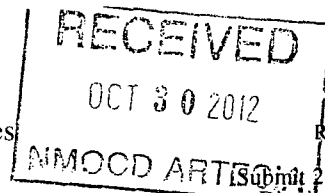


District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505



Form C-141  
Revised October 10, 2003  
Submit 2 Copies to appropriate  
District Office in accordance  
with Rule 116 on back  
side of form

### Release Notification and Corrective Action

nJMW 1300 831665

#### OPERATOR

☐ Initial Report ☒ Final Report

Name of Company <b>OXY USA Inc.</b> 16696	Contact <b>Brenda Hodges</b>
Address <b>1017 W. Stanolind Rd.</b>	Telephone No. <b>(575) 397-8247</b>
Facility Name <b>Federal 29 #8</b>	Facility Type <b>Oil Well</b>

Surface Owner	Mineral Owner	Lease No. <b>API 30-015-27266</b>
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#### LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
<b>M</b>	<b>29</b>	<b>23S</b>	<b>31E</b>	<b>330</b>	<b>S</b>	<b>760</b>	<b>W</b>	<b>Eddy</b>

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

#### NATURE OF RELEASE

Type of Release <b>Flare</b>	Volume of Release <b>771 MCF</b>	Volume Recovered <b>0</b>
Source of Release <b>Temp. Flare</b>	Date and Hour of Occurrence <b>9-27-12 @10:00AM</b>	Date and Hour of Discovery <b>9-71-12 @10:00 AM</b>
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? <b>Mike Bratcher/ Jim Amos</b>	
By Whom? <b>Brenda Hodges, HES Administrative Assistant</b>	Date and Hour <b>10-01-12 @10:58AM</b>	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse. <b>n/a</b>	

If a Watercourse was Impacted, Describe Fully.\* **n/a**

Describe Cause of Problem and Remedial Action Taken.\* **Oxy began flaring at the Federal 29 #8 location on 9-27-12 due to DCP having high line pressure and equipment problems**

Describe Area Affected and Cleanup Action Taken.\* **Return to sales upon purchaser opening their lines**

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: <i>Brenda Hodges</i>	<b>OIL CONSERVATION DIVISION</b>	
Printed Name: <b>Brenda Hodges</b>	Approved by District Supervisor: <b>Accepted for record NMOCD</b>	
Title: <b>HES Administrative Assistant</b>	Approval Date:	Expiration Date:
E-mail Address: <b>Brenda_Hodges@oxy.com</b>	Conditions of Approval:	Attached <input type="checkbox"/>
Date: <b>10-01-12</b> Phone: <b>(575) 397-8247</b>		

\* Attach Additional Sheets If Necessary

2RP-1482

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM 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 ☐ Other2. Name of Operator **OXY USA Inc.**3a. Address  
**1017 W. Stanolind Rd., Hobbs, NM 88240**3b. Phone No. (include area code)  
**575-397-8247**4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**M29-23S-31E-330 FSL-760FWL**5. Lease Serial No.  
**NM0545035**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
**Federal 29 #8**9. API Well No.  
**30-015-27266**10. Field and Pool, or Exploratory Area  
**Sand Dunes Delaware West**11. County or Parish, State  
**Eddy Cnty, NM**

## 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 <b>Flaring</b>
	<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 began flaring at the Federal 29 #8 location on 9-27-12 due to DCP having high line pressure and equipment problems. Please see attached page/s for additional information regarding this flare event.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

APPROVED

OCT 26 2012  
/s/ JD Whitlock JrBUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Brenda Hodges

Title HES Administrative Assistant

Signature

*Brenda Hodges*

Date

10/01/2012

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

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)

BUREAU OF LAND MANAGEMENT  
Carlsbad Field Office  
620 East Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972

Oxy USA INC.  
Federal 29 #8  
NM0545035

October 26, 2012

**Condition of Approval to Flare Gas**

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.