

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.

HOBBS OCD

SEP 05 2012

5. Lease Serial No.

NWNM 109758

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Bootleg Gin Federal Com #1H

9. API Well No.

30-025-40306

10. Field and Pool, or Exploratory Area

Red Tank Bone Springs

11. County or Parish, State

Lea NM

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well



Oil Well.



Gas Well.



Other

2. Name of Operator OXY USA Inc.

16696

3a. Address

P.O. Box 50250 Midland, TX 79710

3b. Phone No. (include area code)

432-685-5717

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

S-1800 FSL 330FWL NWSW(L) Sec 1 T22S R32E  
R01-1650 FSL 330FEL NESE(I) " " "

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 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 Set csg & cmt
	<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.)

Bootleg Gin Federal Com #1H

8/10/12, drill 12-1/4" hole to 4714', 8/13/12. RIH & set 9-5/8" 40# J55 LTC csg @ 4643', cmt w/ 1240sx (415bbl) Light PPC w/ additives followed by 350sx (83bbl) PPC w/ additives, circ 147sx (90bbl) cmt to surface. WOC. Test BOP's @ 250# low 5000# high. 8/15/12 RIH & tag cmt @ 4614', circ hole, pressure test csg to 2765# for 30 min, tested good.

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

David Stewart

Title Regulatory Advisor

Signature

Date

8/23/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

SEP 3 2012

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

BUREAU OF LAND MANAGEMENT

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

SEP 06 2012