

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

NMOCDCopy

5. Lease Serial No.  
NMNM107395

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

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

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
FOXLGLOVE 29 FEDERAL 4H

2. Name of Operator  
OXY USA INC. Contact: JANA MENDIOLA  
E-Mail: janalyn\_mendiola@oxy.com

9. API Well No.  
30-025-41827

3a. Address  
P.O. BOX 50250  
MIDLAND, TX 79710

3b. Phone No. (include area code)  
Ph: 432-685-5936  
Fx: 432-685-5742

10. Field and Pool, or Exploratory  
TRIPLE X BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 29 T23S R33E NWNW 340FNL 980FWL  
32.281922 N Lat, 103.599238 W Lon

11. County or Parish, and State  
LEA COUNTY, NM

HOBBSCOCD  
MAR 17 2015  
RECEIVED

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recomplete 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 recompletion 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.)

11/23/14 Drill 7-7/8" hole to 15636'M 11138'V 12/4/14. RIH & set 5-1/2" 20# P-110 Tenaris Blue csg @ 15623', DVT @ 5274'. Pump 50bbl tuned spacer then cmt w/ 870sx (473bbl) tuned light w/ additives @ 10.2ppg 3.075 yield followed by 760sx (224bbl) PPH w/ additives @ 13.2ppg 1.65 yield, no cement to surface. Inflate casing packer, drop DV opening cone & pump 2nd stage cmt as follows: Pump 20bbl spacer then 70sx (26bbl) PPH cmt @ 12.4ppg, 2.069 yield, followed by 90sx (21bbl) PPH cmt @ 14.8ppg, 1.326 yield, no cmt to surf, calc TOC @ 4024'. Drop cancellation plug, pressure up to 1753# for 5 min. ND BOP, Install & test tubing head to 5000#, tested good. RD Rel Rig 12/8/14.

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

Electronic Submission #285395 verified by the BLM Well Information System For OXY USA INC., sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 02/24/2015

Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR

Signature (Electronic Submission) Date 12/16/2014

ACCEPTED FOR RECORD  
MAR 13 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Office \_\_\_\_\_

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 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 \*\*

MAR 19 2015

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