

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.*

**NMOC D Copy**

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.  
FOXGLOVE 29 FEDERAL 4H

2. Name of Operator  
OXY USA INC.  
Contact: JANA MENDIOLA  
E-Mail: janaly\_n\_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

**HOBBS OGD  
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	
	<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.)

RU CTU 12/20/14, RIH, drill out DVT, clean out to PBD @ 15527', RIH w/ CBL. Pressure test csg to 9800#, good test. 1/9/15, RU & frac sliding sleeves @ 15432, 15334, 15247, 15149, 15051, 14953, 14859, 14683, 14772, 14600, 14513, 14428, 14342, 14254, 14169, 14084, 14000, 13912, 13823, 13734, 13644, 13556, 13470, 13386, 13300, 13214, 13128, 13039, 12950, 12863, 12775, 12684, 12596, 12507, 12416, 12329, 12243, 12157, 12069, 11984, 11898, 11813' in 42 stages w/ 23774g 15% HCl acid + 2874759g 15# BXL w/ 4190740# sand, RD Schlumberger. 1/20/15, clean out well, RIH with 2-3/8" tbg & pkr set @ 10460', RIH w/ gas lift, RD 1/23/15. Pump to clean up and test well for potential.

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

**Electronic Submission #292356 verified by the BLM Well Information System For OXY USA INC., Committed to AFMSS for processing sent to the Hobbs by LINDA JIMENEZ on 02/24/2015**

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

Signature (Electronic Submission) Date 02/19/2015

**ACCEPTED FOR RECORD**

**MAR 13 2015**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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

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 \_\_\_\_\_

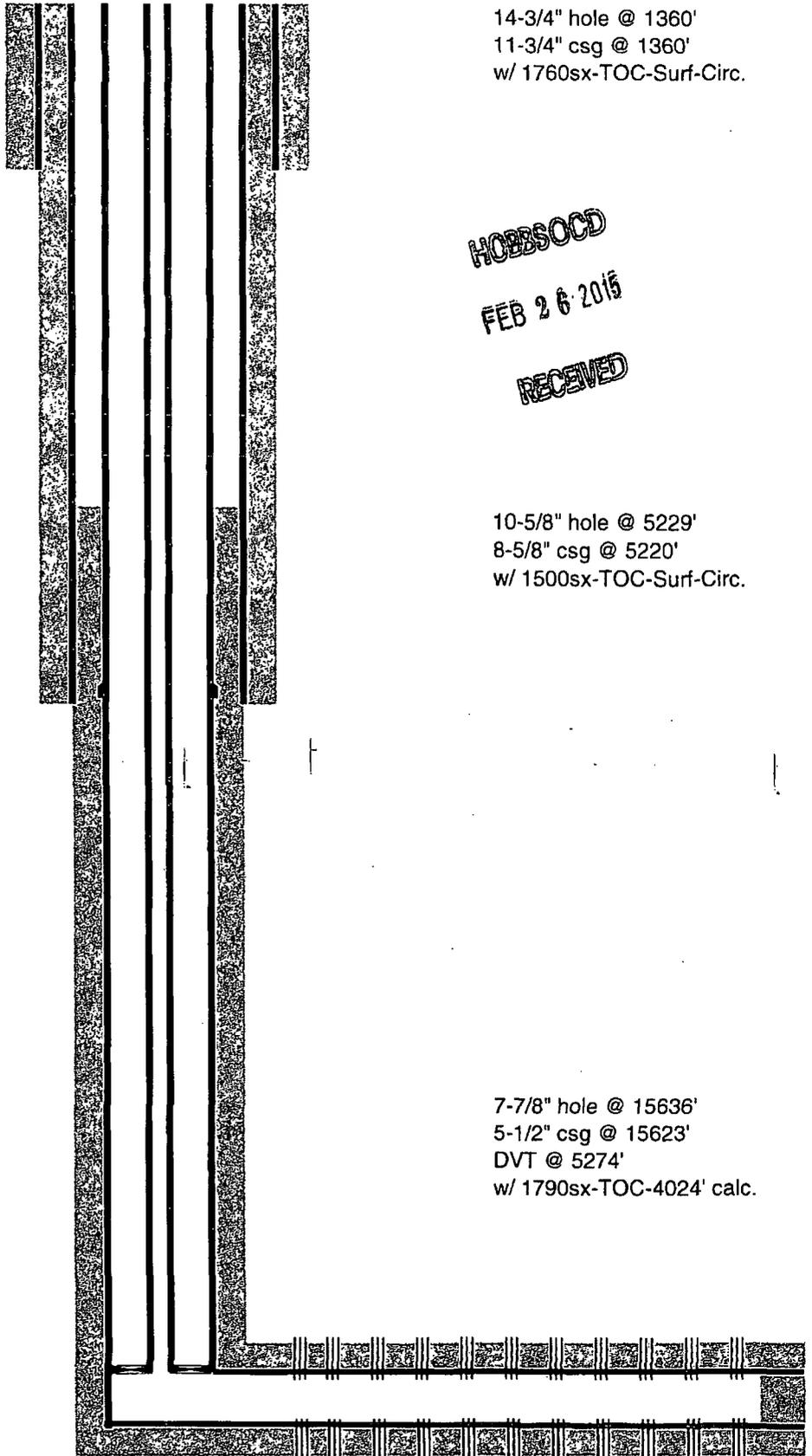
BUREAU OF LAND MANAGEMENT  
CARLOSAD FIELD OFFICE

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.

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

**MAR 19 2015**

OXY USA INC.  
Foxglove 29 Federal 4H  
API No. 30-025-41827



Perfs @ 11813-15432'

TD- 15636'M 11138'V