

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.

AMOC Copy

5. Lease Serial No.
NMMN107395

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
FOXGLOVE 29 FEDERAL 5H

9. API Well No.
30-025-41828

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

11. County or Parish, and State
LEA COUNTY COUNTY, 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. Contact: JANA LYN MENDIOLA
E-Mail: janalyn_mendiola@oxy.com

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 29 T23S R33E NENW 340FNL 1980FWL
32.281915 N Lat, 103.596003 W Lon

RECEIVED
MAR 17 2015

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Drilling Operations

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.)

9/23/14 Drill 7-7/8" hole to 15612'M 11153'V, 10/9/14. RIH & set 5-1/2" 20# P110 Patriot TC csg @ 15611', DVT @ 5242'. Pump 50bbl tuned spacer then cmt w/ 1020sx (666bbl)PPC w/ additives @ 9.7ppg 3.668 yield followed by 760sx (224bbl) PPH w/ additives @ 13.2ppg 1.66 yield, with partial returns, but no cmt to surface. Attempted to inflate casing packer. Pressure to 3700# decreased to 1200#. Pressured back up to 4200# to inflate packer & pressure bled off again indicating packer may have ruptured. Drop DV opening cone & circ, got 76sx (50bbl) cmt to surface. Pump 2nd stage cmt as follows: Pump 20bbl spacer then 70sx (25bbl) PPC cmt @ 12.4ppg, 2.069 yield. Pump 80sx (19bbl) tail cmt @ 14.8ppg, 1.326 yield. Drop DV closing plug. Displace w/ 10ppg brine @ 3bpm & 150#. Lost circulation 112bbl into 115bbl displacement. Calc TOC @ 4139'.

ND BOP, test tubing head to 5000# for 15min, tested good. RD Rel Rig 10/13/14.

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

Electronic Submission #274354 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 10/28/2014

ACCEPTED FOR RECORD

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
CARLSBAD FIELD OFFICE

ACCEPTED FOR RECORD
MAR 13 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD 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 ****

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