

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBSOCD

MAR 16 2015

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.

RECEIVED

5. Lease Serial No. NMNM111418
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 COM 6H
9. API Well No. 30-025-41850
10. Field and Pool, or Exploratory TRIPLE X BONE SPRING
11. County or Parish, and State LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com
2. Name of Operator OXY USA INC.	
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 NWNE 340FNL 1660FEL 32.281904 N Lat, 103.590701 W Lon	

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 Drilling Operations
	<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.)

12/14/14 drill 10-5/8" hole to 5203', 12/17/14. RIH & set 8-5/8" 32# J55 BTC csg @ 5203', pump 20bbl gel w/ red dye then cmt w/ 930sx (307bbl) PPC w/ additives 12.9ppg 1.85 yield followed by 380sx (90bbl) PPC w/ additives 14.8ppg 1.32 yield, circ 15sx (5bbl) cmt to surface, WOC. Install pack-off, test to 5000#, good test. 12/19/14, RIH & tag cmt @ 5162', pressure test csg to 2750# for 30 min, good test. Drill new formation to 5700', perform FIT test EMW=11.5ppg, 705psi, good test.

12/20/14 Drill 7-7/8" hole to 15585'M 11151'V 12/28/14. RIH & set 5-1/2" 20# P-110 Tenaris Blue csg @ 15584'. Pump 50BFW spacer then cmt w/ 1030sx (563bbl) Tuned Light w/ additives @ 10.2ppg 3.07 yield followed by 760sx (224bbl) PPH w/ additives @ 13.2ppg 1.66 yield, lost returns 320bbl into displacement, no cmt to surface, WOC. ND BOP, Install wellhead & test to 5000# for 15min, tested good. RD Rel Rig 12/31/14.

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

Electronic Submission #287447 verified by the BLM Well Information System
For OXY USA INC., sent to the Hobbs

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 01/08/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title _____

Date _____

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 _____

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 **

APR 02 2015

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