

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBSOCD  
SEP 28 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.*

5. Lease Serial No.  
NMLC064118

6. If Indian, Allottee or Tribe Name

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

**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		8. Well Name and No. EVA E. BLINEBRY FEDERAL 3
2. Name of Operator OXY USA INC.		9. API Well No. 30-025-10938
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5717 Fx: 432-685-5742	10. Field and Pool, or Exploratory LANGLIE MATTIX 7R QN GB
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T23S R37E SESE 660FSL 660FEL 32.255364 N Lat, 103.144363 W Lon		11. County or Parish, and State LEA COUNTY, NM

**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	<b>E-PERMITTING &lt;SWD INJECTION</b> <b>CONVERSION RBDMS</b> <b>RETURN TO TA</b> <b>CSNG ENVIRO CHG LOC</b> <b>INT TO PA P&amp;A NR P&amp;A RTM</b>
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	

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 recomplate 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.)

9/17/15 MIRU, POOH w/ rods & pump.

9/18/15 NU BOP, attach to WH & accumulator. POOH w/ tbg, RIH w/ CIBP & set @ 3259', POOH w/ WL. RIH w/ tbg & tag CIBP @ 3259'

9/21/15 Circ hole w/ 10# MLF, pressure test csg, tested OK, M&P 25sx CL C cmt to 3114'-calc. PUH to 2516', M&P 45sx CI C cmt, PUH, WOC. RIH & tag cmt @ 2270', PUH to 1194', M&P 45sx CL C cmt, PUH, WOC.

9/22/15 RIH & tag cmt @ 957', PUH to 361', M&P 70sx CI C cmt, cir to surf, visually confirmed. ND BOP, RDPU

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

**Electronic Submission #317467 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 <i>David Stewart</i> (Electronic Submission)	Date 09/23/2015

**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 \*\***

**Accepted for Record Only**

**SUBJECT TO APPROVAL BY BLM**

*MSS/OCD 9/29/2015*

*07 2015*

*[Handwritten mark]*