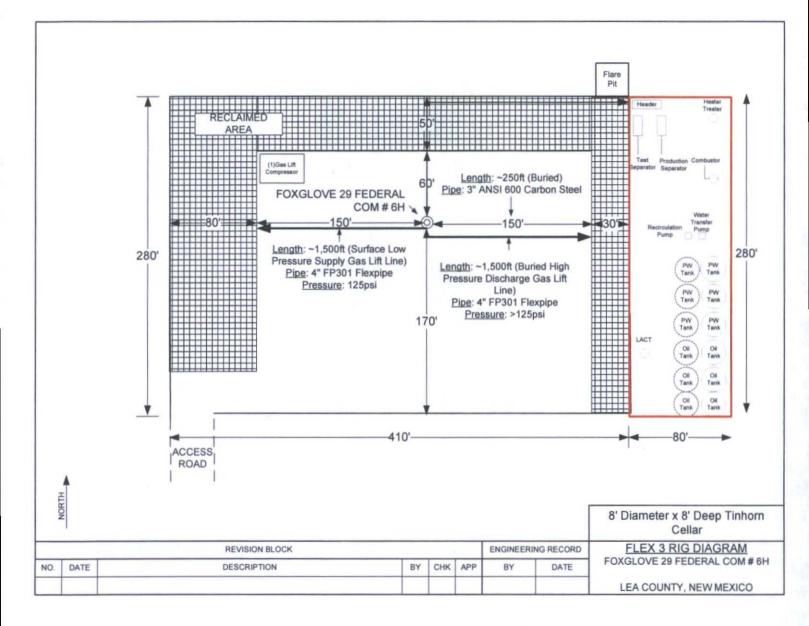
Form 3160-5 (August 2007) DE	OCD-H	OBBS	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010					
BUREAU OF LAND MANAGEMENT					5. Lease Serial No. NMNM107395			
Do not use th	is form for proposals to II. Use form 3160-3 (AP	drill or to re-e		IOBBS OC	J If Indian, Allottee	or Tribe Name		
SUBMIT IN TRI	PLICATE - Other instru	ctions on rever	10		7. If Unit or CA/Agre			
1. Type of Well					8. Well Name and No FOXGLOVE 29 F			
2. Name of Operator	JENNIFER A D	RECEIVED						
OXY USA INC	uarte@oxy.com	30-025-41850 /						
3a. Address PO BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-513-6640			10. Field and Pool, or Exploratory TRIPLE X BONE SPRING				
4. Location of Well (Footage, Sec., T	1)		11. County or Parish, and State					
Sec 29 T23S R33E NWNE 34			LEA COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) TO	O INDICATE N	ATURE OF 1	NOTICE, RE	PORT, OR OTHE	R DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
□ Notice of Intent	Acidize	Deepe	Deepen		Production (Start/Resume)		Shut-Off	
_	Alter Casing	Fractu	Fracture Treat		Reclamation		ntegrity	
Subsequent Report	Casing Repair	New Construction		Recomp	Recomplete		Other Site Facility Diagra	
Final Abandonment Notice	Change Plans		nd Abandon	-	Temporarily Abandon		ty Plan	
	Convert to Injection	Plug Back		U Water D	Water Disposal date of any proposed work and approx			
Attach the Bond under which the wor following completion of the involved testing has been completed. Final At determined that the site is ready for fin Please see the attached site s	operations. If the operation re oandonment Notices shall be fil inal inspection.)	sults in a multiple of ed only after all req use and review.	ompletion or reco uirements, includ	ompletion in a n ling reclamation	ew interval, a Form 316 , have been completed,	60-4 shall be fi	iled once	
This is for buried flowlines on February 25, 2015 at approxim	the was kept on lease than nately 4:15 pm.	at was verbally a	pproved by St	teve Caffey o	n			
If you need any additional info	rmation, please feel free	to contact me a	t any time.					
14. I hereby certify that the foregoing is	true and correct							
14. Thereby certify that the foregoing is	Electronic Submission # For C	DXY USA INC, se	ent to the Hobb	s				
Name(Printed/Typed) JENNIFER		by LINDA JIMENEZ on 08/19/2015 () Title REGULATORY SPECIALIST						
Signature (Electronic Submission)			Date 03/30/2015					
	THIS SPACE FO	OR FEDERAL	OR STATE	OFFICE US	E			
Accepted For Record	moto	Title EPS	-		91 Date	29/15		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivient would entitle the applicant to condu	e subject lease	Office CF0			16			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s					ke to any department or	agency of the	United	
** OPERAT	OR-SUBMITTED ** O	PERATOR-SI	JBMITTED *	* OPERAT	OR-SUBMITTED	**		

OCT 1 5 2015

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