

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.

5. Lease Serial No.
NMLC064118

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

NOV 30 2015

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
EVA E. BLINEBRY FEDERAL 3 ✓

2. Name of Operator
OXY USA INC. Contact: DAVID STEWART
E-Mail: david_stewart@oxy.com

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 OPERATION

TYPE OF SUBMISSION	OTHER DATA
<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"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input checked="" type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Water Disposal

E-PERMITTING <SWD
CONVERSION
RETURN TO
CSNG
INT TO PA
ENVIRO
P&A NR
INJECTION
RBDMS
TA
CHG LOC
P&A R

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration of work. If the proposal is to deepen directionally or recompleat 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 recompleat 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

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

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 Committed to AFMSS for processing by LINDA JIMENEZ on 10/05/2015 ()

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

Signature (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 **

M&B/OCD
11/30/2015

DEC 02 2015

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