

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OCD Hobbs

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.*

**HOBBS OCD**

Lease Serial No  
NMLC030187

SEP 07 2016

RECEIVED

**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		6 If Indian, Allottee or Tribe Name
2 Name of Operator OXY USA INC		7 If Unit or CA/Agreement, Name and/or No
Contact CASEY L SUMMERS E-Mail: CASEY_SUMMERS@OXY.COM		8 Well Name and No LA MUNYON A 1
3a Address PO BOX 4294 HOUSTON, TX 77210	3b Phone No (include area code) Ph: 575-513-8289	9 API Well No 30-025-10832
4 Location of Well (Footage Sec., T., R., M., or Survey Description) Sec 22 T23S R37E NENW 660FNL 1980FWL		10 Field and Pool, or Exploratory JALMAT LANGLIE MATTIX
		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	<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 checked="" 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 type="checkbox"/> Other
	<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.)

OXY USA INC reports that in reference to the above location, all surface reclamation has been completed according to BLM guidance and is ready for initial inspection for pre-vegetative conditions. Request for approval of site to be placed in monitoring phase for suitable surface growth.

6/23/16 - OK to APPROVE (HP)

14 I hereby certify that the foregoing is true and correct  
**Electronic Submission #335972 verified by the BLM Well Information System**  
For OXY USA INC, sent to the Hobbs

Name (Printed/Typed) CASEY L SUMMERS	Title ENVIRONMENTAL ADVISOR
Signature (Electronic Submission)	Date 04/07/2016

*Accepted for Record* THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>James G. Davis</i>	Title SAET	Date 9-2-16
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 CFO	

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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