

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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

HOBBS OGD
 SEP 22 2017
 RECEIVED

6. Lease Serial No.
NMNM10188

7. If Indian, Allottee or Tribe Name

8. Well Name and No.
W A RAMSAY FEDERAL COM 1

9. API Well No.
30-025-36513

10. Field and Pool or Exploratory Area
DOLLARHIDE/DEVONIAN

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 OXY USA INC
 Contact: LANCE DUNAWAY
 E-Mail: Joseph_Dunaway@oxy.com

3a. Address
 5 GREENWAY PLAZA SUITE 110
 HOUSTON, TX 77046

3b. Phone No. (include area code)
 Ph: 713-497-2303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 Sec 28 T24S R38E SESW 480FSL 330FEL

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Venting and/or Flaring
	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 respectfully reports that the above location ended the 90 days of flaring from June 10, 2017 to September 8, 2017 that was caused by Enterprise having high line pressure. Total Flare =
 1681 mcf
 June ? 1110 mcf
 July ? 560 mcf
 August ? 11 mcf
 September - 0 mcf

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #388031 verified by the BLM Well Information System
For OXY USA INC, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 09/18/2017 ()

Name (Printed/Typed) LANCE DUNAWAY Title ENVIRONMENTAL TECH

Signature (Electronic Submission) Date 09/08/2017

ACCEPTED FOR RECORD
 SEP 10 2017
 BUREAU OF LAND MANAGEMENT
 CARLSBAD FIELD OFFICE

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.

(Instructions on page 2) **** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Accepted for Record Only
 MDS/OCD 9/27/2017