

Exhibit 3

Statement describing any changes in status or construction of any well penetrating the injection interval within the ½-mile radius Area of Review of North Hobbs Unit G/SA Unit Well No. 223

A review of the subject well's AOR shows that one new well (Texland's Bowers "A" Federal No. 39) has been drilled within the ½-mile radius since the previous review occurred (done as a part of Oxy's August, 2001 application to amend Order No. R-6199). The attached copies of sundry notices (2 ea.) and the completion report for Bowers "A" Federal No. 39 show that cement was circulated to surface off both casing strings thus affording adequate protection of the injection interval (approx. 4000' to 4397') of Oxy's North Hobbs G/SA Unit No. 223.

Mark Stephens

Mark Stephens
Regulatory Compliance Analyst
Occidental Permian Limited Partnership

Form 3160-5
(August 1999)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side**1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other2. Name of Operator
Texland Petroleum-Hobbs, L.L.C.3a. Address
777 Main Street, Ste. 3200 Fort Worth TX 761023b. Phone No. (include area code)
(817)338-27514. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2505 FSL & 1415 FE., Sec.30, T18S, R38E, NMPMFORM APPROVED
OMB No. 1004-0135
Expires November 30, 20005. Lease Serial No.
LC-032233-A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
Bowers "A" Federal #399. API Well No.
30-025-3572710. Field and Pool, or Exploratory Area
Hobbs: Upper Blinbry11. County or Parish, State
Lea
New Mexico**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 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 Spud & set casing
	<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 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.)

SPUD TIME: 10/25/01 drilled. 10/27/01 drilled to 1537' CSG REPORT: Ran 34 Jts. 8 5/8" 24# J55 STC csg. set at 1537'. CENTRALIZERS: 13 every 3rd joint. CMT REPORT: Cmt w/550 ex. w/3% Salt & 1/4# Floccle. Mixed 12.8 ppg. 1.87 yield & 250 ex. Premium plus w/2% CaCl & 1/4 Floccle. Mixed 14.8 ppg & 1.32 yield. Displace csg w/95 BFW. PD @ :45 hr on 10/27/01. Float held. Circ. 125 ex cmt. NMOCD notified but not present. 10/28/01 - 10/30/01 drilled Anhydrite & salt.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Ann Burdette

Title
Regulatory Analyst

Signature

Date
10/30/2001**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, makes 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.'s Division
1625 N. French Dr.
Hobbs, NM 88240
APPROVED
OMB No. 1004-0135
Expires November 30, 2000
5. Lease Serial No.
LC-032235-A

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Texland Petroleum-Hobbs, L.L.C.

3a. Address
777 Main Street, Ste. 3200

3b. Phone No. (include area code)
(817)336-2751

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2505 FSL & 1415 FE.: Sec.30,T18S,R38E, NMPM

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
Bowers "A" Federal #39

9. API Well No.
30-025-35727

10. Field and Pool, or Exploratory Area
Hobbs: Upper Blinebry

11. County or Parish, State
Lea
New Mexico

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 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 <u>set production casing</u>
	<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 recompleate horizontally, give subsurface locations 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 recompleation 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.)

TD 11/03/01 @ 6030'. 11/04/01 CSG. REPORT: Ran 119 jts. 5 1/2# J55 csg. & 16 jts. 17# J55 LTC set at 6025'. CENTRALIZERS: 15 jts. 1,3,6,8,11,14,17,20,23,26,29,32,51,102,137. CMT REPORT: Cmt 1st stage w/400 sx. super H w/2 1/2# salt, 4/10% LAP-1. 3/10% CFR-3, 1/4# D-air-a, Mix 13.2 ppg 4.86 yield. Displace csg w/60 BFW & 83 BBI rig mud. PD at 15:30 hrs. on 11/3/01. Float held. Drop bomb open stage tool, circ. 75 sx. cmt off DV tool. Circ 6 hrs. Cmt 2nd stage w/900 sx. Interfill C mixed at 11.9 ppg 2.41 yield & 50 sx. Premium plus mixed at 14.8 ppg. 1.32 yield, displace csg w/92 BFW. PD @ 21:40 hrs. on 11/3/01. Close stage tool w/2645# tool held. Circ. 189 sx cmt to pit. Cut jt. Released rig at 23:00 hrs. on 11/3/01.

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS
NOV 13 2001

DAVID R. GLASS
PETROLEUM ENGINEER

4. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Ann Burdette

Signature

Title
Regulatory Analyst

Date
11/09/2001

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, makes 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 reverse)

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
FORM APPROVED
004-0137
Revised November 30, 2000
LC-032233-A

1a. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other Injection			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other _____			7. Unit or CA Agreement Name and no.		
2. Name of Operator Texland Petroleum-Hobbs, L.L. C			8. Lease Name and Well No. Bowers "A" Federal 39		
3. Address 777 Main Street, Ste. 3200 Fort Worth, Tx 76102		3.a Phone No. (Include area code) (817)336-2751	9. API Well No. 30-025-35727		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At Surface 2505 FSL & 1415 FEL Sec.30, T18S, R38E NMPM NW1/4 SE 1/4 At top prod. interval reported below At total depth			10. Field and Pool, or Exploratory Hobbs: Upper Blinbry		
14. Date Spudded 10/25/2001			15. Date T.D. Reached 11/03/2001		11. Sec., T., R., M., on Block and Survey or Area
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.			12. County or Parish Lea		
17. Elevations (DF, RKB, RT, GL)* 3650			13. State NM		
18. Total Depth: MD 6030 TVD 6030		19. Plug Back T.D.: MD 6021 TVD 6021		20. Depth Bridge Plug Set: MD TVD	

21. Type of Electric & Other Mechanical Logs Run (Submit copy of each) CNL-CCL-GR		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)	
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23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12 1/4	8 5/8	24	Surface	1537	1537	800		Surface	
7 7/8	5 1/2	15.5	Surface	6025		1350		Surface	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8	5734	5734						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Upper Blinbry	5785	5953	5785 - 5953	2 SPF	52	
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
5785 - 5953	Acidized w/10,000 gals 15% HCL

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ACCEPTED FOR RECORD

JAN 25 2002

GARY GOURLEY
PETROLEUM ENGINEER