

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTEMNRD-OCD ARTESIA
REC'D: 6/16/2020FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other 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 _____						5. Lease Serial No. NMLC050797			
						6. If Indian, Allottee or Tribe Name			
2. Name of Operator OXY USA WTP LP.						Contact: RONI MATHEW E-Mail: roni_mathew@oxy.com		8. Lease Name and Well No. CHARLIE CHOCOLATE 14-15 FEDCOM 31H	
3. Address P.O. BOX 4294 HOUSTON, TX 77210-4294				3a. Phone No. (include area code) Ph: 713-215-7827		9. API Well No. 30-015-43123			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 14 T20S R28E Mer NMP NENE Lot A 450FNL 420FEL 32.579754 N Lat, 104.140849 W Lon At top prod interval reported below Sec 14 T20S R28E Mer NMP NENE 675FNL 595FEL 32.579140 N Lat, 104.141360 W Lon At total depth Sec 15 T20S R28E Mer NMP NWNW 700FNL 24FWL 32.579081 N Lat, 104.173886 W Lon						10. Field and Pool, or Exploratory RUSSELL;BONE SPRING			
						11. Sec., T., R., M., or Block and Survey or Area Sec 14 T20S R28E Mer NMP			
						12. County or Parish EDDY		13. State NM	
14. Date Spudded 06/01/2019		15. Date T.D. Reached 09/03/2019		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 10/05/2019		17. Elevations (DF, KB, RT, GL)* 3264 GL			
18. Total Depth: MD TVD		19065 8706		19. Plug Back T.D.: MD TVD		19026 8707		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY						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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			
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
17.500	13.375 J-55	54.5	0	410		640	150	0	
12.250	9.625 J-55	36.0	0	3074		1595	472	0	
8.500	7.625 L-80	26.4	0	6940		356	144	440	
6.750	5.500 P110	20.0	0	19040		1238	304	5600	
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2.875	7267	8384							
25. Producing Intervals					26. Perforation Record				
Formation	Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status		
A) BONE SPRINGS	9045	18979	9045 TO 18979		0.370	1003	ACTIVE		
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval		Amount and Type of Material							
9045 TO 18979		11220 GALLONS OF HCL 7.5% ACID							
9045 TO 18979		225758 BBLs. OF SLICKWATER							
9045 TO 18979		16009451 LBS. SAND							
28. Production - Interval A									
Date First Produced 10/11/2019	Test Date 12/08/2019	Hours Tested 24	Test Production 	Oil BBL 745.0	Gas MCF 1631.0	Water BBL 2642.0	Oil Gravity Corr. API	Gas Gravity	Production Method ELECTRIC PUMP SUB-SURFACE
Choke Size 128	Tbg. Press. Flwg. SI 165	Csg. Press. 106.0	24 Hr. Rate 	Oil BBL 745	Gas MCF 1631	Water BBL 2642	Gas:Oil Ratio 2189	Well Status POW	
28a. 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)

ELECTRONIC SUBMISSION #515417 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

AB 6/24/2020

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

28b. Production - Interval C									
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	

28c. Production - Interval D									
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	

29. Disposition of Gas(*Sold, used for fuel, vented, etc.*)
SOLD

30. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.	31. Formation (Log) Markers
--	-----------------------------

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
BONE SPRING	5122	6070		TANSILL	575
1ST BONE SPRING	6071	6754		YATES	821
2ND BONE SPRING	6755	6070		SEVEN RIVERS	1023
3RD BONE SPRING	7658	8977		DELEWARE	3495
WOLFCAMP	8978	10159		BONE SPRING	5122
STRAWN	10160			1ST BONE SPRING	6071
				2ND BONE SPRING	6754
				3RD BONE SPRING	7658

32. Additional remarks (include plugging procedure):
 WOLFCAMP - 8978
 STRAWN - 10160

 A completion report was submitted 1/14/20 but not yet approved. This completion report is being submitted to update the following:

 1. Added lat/long for BHL
 2. Updated tubing record (to include straddle packer. Sundry approved).

33. Circle enclosed attachments:			
1. Electrical/Mechanical Logs (1 full set req'd.)	2. Geologic Report	3. DST Report	4. Directional Survey
5. Sundry Notice for plugging and cement verification	6. Core Analysis	7 Other:	

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):
Electronic Submission #515417 Verified by the BLM Well Information System.
For OXY USA WTP LP., sent to the Carlsbad

Name(<i>please print</i>) <u>RONI MATHEW</u>	Title <u>REGULATORY SPECIALIST</u>
Signature _____ (Electronic Submission)	Date <u>05/14/2020</u>

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.