

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico NM OIL CONSERVATION Energy, Minerals and Natural Resources ARTESIA DISTRICT Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 RECEIVED			Form C-105 Revised August 1, 2011		
		1. WELL API NO. 30-015-42012					
		2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN					
		3. State Oil & Gas Lease No.					
WELL COMPLETION OR RECOMPLETION REPORT AND LOG							
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				5. Lease Name or Unit Agreement Name Simpson - CDM Com.			
				6. Well Number: 1H			
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER							
8. Name of Operator OXY USA WTP Limited Partnership				9. OGRID 192463			
10. Address of Operator P.O. Box 50250 Midland, TX 79710				11. Pool name or Wildcat Cedar Hills Bone Spring			
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	
Surface:	A	29	21S	27E		480	
BH:	D	29	21S	27E		490	
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)	
10/5/14	10/25/14	10/27/14		2/3/15		3161.9' GR	
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run	
13077' M 8733' V		12950' M 8733' V		Yes		HRLA, CAL, CL, DSI, ECS,	
22. Producing Interval(s), of this completion - Top, Bottom, Name						mscgr	
9043-12933' 3rd Bone Spring							
23. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
11-3/4"	47# J55	409'	14-3/4"	810sx - Surf Circ.	N/A		
8-5/8"	32# J55	2850'	10-5/8"	1620sx - Surf Circ.	N/A		
5-1/2"	17# P10	13076'	7-7/8"	1620sx - Surf Circ.	N/A		
24. LINER RECORD							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN			
25. TUBING RECORD							
SIZE	DEPTH SET		PACKER SET				
2-7/8"	7932'						
26. Perforation record (interval, size, and number) 6 SPF 2, 12933-12970, 12603-12443, 12373-12263, 12143-12033, 11913-11803, 11693-11573, 11453-11343, 11223-11113, 10993-10883, 10763-10653, 10533-10423, 10303-10193, 10073-9963, 9843-9733, 9613-9503, 9383-9273, 9153-9043' TOTAL 622 HOLES							
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 7353-8926' 620sx cmf (Pilot hole Plug) 9043-12933' 5637lb TRTWR + 44980g 15% Acid + 2311970g 18# BXL w/ 3546700# SAND							
28. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)			Well Status (Prod. or Shut-in)		
1/13/15		ESP			Prod.		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	
1/27/15	24 hrs.	20/64		144	Tsm (too small to measure)	1392	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
250	-		144	Tsm	1392		
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						30. Test Witnessed By	
Sold							
31. List Attachments							
C103, C104, C102, WPD, Directional Survey, Logs							
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.							
33. If an on-site burial was used at the well, report the exact location of the on-site burial.							
Latitude _____ Longitude _____ NAD 1927 1983							
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief							
Signature		Printed Name		Title		Date	
		Jana Mendiola		Regulatory Coordinator		2/5/15	
E-mail Address jana.mendiola@oxy.com							

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