NM OIL CONSERVATION

ARTESIA DISTRICT MAR 3 0 2015

Form 3160-5 (August 2007)

UNITED STATES

FORM APPROVED OMB NO. 1004-0135

	Expires: July 31, 20
i.	Lease Serial No.

BI	Expires: July 31, 2010								
SUNDRY	5. Lease Serial No. NMNM62590								
Do not use thi abandoned we	6. If Indian, Allottee or Tribe Name								
SUBMIT IN TRI	7. If Unit or CA/Agree	ement, Name and/or No.							
1. Type of Well				8. Well Name and No. FEDERAL 26 131					
☑ Oil Well ☐ Gas Well ☐ Otl		NA MENDIOLA			'				
Name of Operator OXY USA INCORPORATED	Contact: JA E-Mail: janalyn_mend	NA MENDIOLA iola@oxy.com		9. API Well No. 30-015-41600					
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	P	D. Phone No. (include area coch): 432-685-5936X: 432-685-5742	le)		and Pool, or Exploratory NGSTON RIDGE DELAWARE				
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)			11. County or Parish,	and State				
Sec 26 T22S R31E NWNE 33 32.368688 N Lat, 103.747284			EDDY COUNTY,						
12. CHECK APPI	ROPRIATE BOX(ES) TO I	NDICATE NATURE OF	NOTICE, RI	EPORT, OR OTHE	R DATA				
TYPE OF SUBMISSION		TYPE (OF ACTION						
	☐ Acidize	☐ Deepen	□ Product	ion (Start/Resume)	☐ Water Shut-Off				
☐ Notice of Intent	☐ Alter Casing	☐ Fracture Treat	☐ Reclam	` '	☐ Well Integrity				
Subsequent Report Subsequent Report Subsequent Report	☐ Casing Repair	☐ New Construction	☐ Recomp		☑ Other				
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon		arily Abandon	2 0				
<u></u>	☐ Convert to Injection	☐ Plug Back	□ Water I						
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.) RU CTU 9/24/14, RIH, drif out DVT, clean out to PBTD @ 12621 RIH w/ CBL. Pressure test csg to 8500#, good test. 12/6/14 RIH & perf. @ 12560-12356, 12171-11951, 11761-11541, 11351-11431, 10941-10721, 10531-10311, 10121-9901, 9711-9491, 9301-9081, 8891-8671 in 10 stages w/ 191103g Treated Water + 30000g 15% HCl acid + 1678921g 18# BXL w/ 2985420# sand, RD Nabors 12/7/14. 12/14/14, RU CTU clean out well, drilled out all 9 plugs. While POOH w/CT, got stuck @ 10300'. Fish CT from 12/16/14 to 1/30/15 and got all of it out of hole (Details provided upon request). 2/2/15 RIH with 2-7/8" tbg & ESP set @ 7521', RD 2/3/15. Pump to clean up and test well for potential.									
14. Thereby certify that the foregoing is Name (Printed/Typed) DAVID ST	Electronic Submission #296 For OXY USA IN	CORPORATED, sent to the		•					
rume(17med 19pety B)(VIB C)	I L V V A C I	11110 011.11	COOLATOIL	ADVIOUR					
Signature (Electronic	Submission)	Date 03/24	/2015						
	THIS SPACE FOR	FEDERAL OR STATI	E OFFICE U	SE.	, 				
					. =				
Approved By	·	Title	· ·		vals will				
Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to conditions.	uitable title to those rights in the su			ding BLM appro sequently be re	viewed				
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent			on. and	scanned	agency of the United				

WAK 3 0 2015

Form 3160-4 (August 2007) UNITED STATES

FORM APPROVED OMB No. 1004-0137

MM OIL CONSERVATIONE SALVIS GALLIS OF THE SALVIS OF THE SA Expires: July 31, 2010 WELL COMPLETION OR RECOMPLETION REPORT AND LOG 5. Lease Serial No. NMNM62590 ☑ Oil Well ☐ Gas Well 1a. Type of Well ☐ Dry ☐ Other 6. If Indian, Allottee or Tribe Name Deepen ☐ Plug Back b. Type of Completion New Well □ Work Over ☐ Diff. Resvr. 7. Unit or CA Agreement Name and No. Name of Operator
 OXY USA INCORPORATED Contact: JANA MENDIOLA 8. Lease Name and Well No. FEDERAL 26 13H E-Mail: janalyn_mendiola@oxy.com 3. Address P.O. BOX 50250 9. API Well No. 3a. Phone No. (include area code) MIDLAND, TX 79710 Ph: 432-685-5936 30-015-41600 10. Field and Pool, or Exploratory
LIVINGSTON RIDGE DELAWARE 4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNE Lot B 334FNL 2378FEL 32.368688 N Lat, 103.746894 W Lon 11. Sec., T., R., M., or Block and Survey or Area Sec 26 T22S R31E Mer At top prod interval reported below NWNE Lot B 997FNL 2215FEL 12. County or Parish EDDY 13. State At total depth SWSE Lot O 210FSL 2176FEL 32.355665 N Lat, 103.746893 W Lon 14. Date Spudded 08/16/2014 15. Date T:D. Reached 16. Date Completed 17. Elevations (DF, KB, RT, GL)* D & A ⊠ Ready to Prod. 02/04/2015 09/05/2014 3574 GL 18. Total Depth: MD 19. Plug:Back T.D.: \overline{MD} 20. Depth Bridge Plug Set: 12747 12621 MD 8304 TVD 21. Type Electric & Other Mechanical Logs Run (Submit copy of each) MUD LOG/SLS/CBL No No No Was well cored? Yes (Submit analysis) Was DST run? Yes (Submit analysis) Directional Survey? Yes (Submit analysis) 23. Casing and Liner Record (Report all strings set in well) Stage Cementer No. of Sks. & Slurry Vol. Top Bottom Size/Grade Wt. (#/ft.) Hole Size Cement Top* Amount Pulled (BBL) (MD) (MD) Depth Type of Cement 14,750 11.750 J55 47.0 900 580 162 0 8.625 J55 10.625 32.0 0 4520 1455 461 0 7.875 5.500 P110 17.0 12730 4603 2140 1010 0 24. Tubing Record Depth.Set (MD) Depth Set (MD) - Packer Depth (MD) Packer Depth (MD) -·--Size · Depth Set (MD) r Depth (MD) 25. Producing Intervals 26. Perforation Record Тор Bottom Perforated Interval No. Holes Perf. Status ~A) BRUSHY CANYON 867: 12560 8671 TO 12560 0.430 420 OPEN B) C) D) 27. Acid, Fracture, Treatment, Cement Squeeze, Etc Depth Interval Amount and Type of Material 8671 TO 12560 191103G TRT WTR + 30000G 15% HCL ACID + 1678921G 18# BXL W/2985420# SAND 28. Production - Interval A Date First Produced Oil Gravity Corr, API Gas . Gravity roduction Method MCF Tested BBL 03/10/2015 03/22/2015 24 - \square 115.0 0.0 1400.0 ELECTRIC PUMP SUB-SUPEAGE Tbg. Press. Choke 24 Hr. Öil BBL Gas:Oil Well Status Csg. Press Gas MCF 295 BBL Flwg. Rate Sì 138.0 115 n 1400 28a. Production - Interval B Pending BLM approvals will Date First Test Hours Test Gas MCF Water Oil Gravity Corr. API subsequently be reviewed Production BBL BBL Choke Tbg. Press. 24 Hr. Gas MCF Water BBL Gas:Oil and scanned BBL

Press

Flwg.

(See Instructions and spaces for additional data on reverse side)
ELECTRONIC SUBMISSION #296008 VERIFIED BY THE BLM WELL INFORMATION SYSTEM ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Ratio

201. D. 3		-1 C										
28b. Prod	luction - Interv	Hours	Test	Oil	Gas	Water	Oil Gravit	\ <u>'</u>	Gas		Production Mathed	
Produced	Date	Tested	Production	BBL	MCF	BBL	Corr. API	y	Gas Production Method Gravity		Production Method	
Choke Size	Tbg. Press. Flwg. S1	Csg. Press.	24 Hr. Rnte	Oil BBL .	Gas MCF	Water BBL	Gas:Oil Ratio		Well State	ıs		
28c. Prod	luction - Interv	al D	·		1-							
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravit Corr. API	y.	Gas Production Method Gravity			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas;Oil Ratio		Well Status			
29. Dispo	osition of Gas(3	Sold, used	for fuel, vent	ed, etc.)	1							
Show tests,	nary of Porous all important including dept ecoveries.	zones of pe	orosity and c	ontents there	of: Cored in tool open,	ntervals and flowing an	d all drill-ste id shut-in pr	em essures	3	1. For	mation (Log) Markers	
	Formation		Тор	Bottom		Descriptions, Contents, etc.					Name	Top Meas, Depth
BELL CANYON CHERRY CANYON BRUSHY CANYON			4882 5629 6730	5628 6729 8304	OIL	., GAS, W. ., GAS, W. ., GAS, W.	ATER			T. S DEI BEI CH	STLER SALT LAWARE LL CANYON ERRY CANYON USHY CANYON	1140 1200 4458 4882 5629 6730
		-14 s sau - 1 sa		e e e							ing thinks	: ,
Logs	tional remarks were mailed Header, Direc	3/24/15.			ed C-102 r	olat,& WBI	D are attac	hed.				
-												
Circle enclosed attachments: Electrical/Mechanical Logs (1 full set req'd.) Sundry Notice for plugging and cement verification Core Analysis								3. DST Report 4. Directional Survey 7 Other:				
34. I here	eby certify that	the forego		ronic Subm	: ission #2960	008 Verifie		LM Well I	nformati	ion Sv	records (see attached instruct stem.	ions):
Name	Name (please print) DAVID STEWART						7	Title <u>SR. R</u>	EGULA	TORY	ADVISOR	
Signa	Signature (Electronic Submission)							Date 03/24/2015				
											<u> </u>	
Title 18 U	U.S.C. Section	1001 and	Title 43 U.S.	C. Section 1	212, make i	t a crime fo	or any perso	n knowingl	y and wi	llfully	to make to any department or	agèncy