

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 & Natural Resources

Form C-104
Revised August 1, 2011

DEC 02 2016

Submit one copy to appropriate District Office

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address OXY USA Inc P.O. BOX 50250 Midland, TX 79710		² OGRID Number 16696	
⁴ API Number 30-015-43749		⁵ Pool Name Corral Draw Bone Spring	⁶ Pool Code 96238
⁷ Property Code: 315207		⁸ Property Name: Cedar Canyon 21 Federal Com	
		⁹ Well Number: 5H	

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	22	24S	29E		1090	South	207	West	Eddy

¹¹ Bottom Hole Location Top Perf- 1671 FSL 521 FEL Bottom Perf- 1942 FSL 377 FWL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	21	24S	29E		1957	South	146	West	Eddy
¹² Lse Code F	¹³ Producing Method Code : F		¹⁴ Gas Connection Date: TBD		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

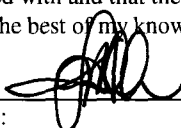
¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
239284	OCCIDENTAL ENERGY TRANSPORTATION (BRIDGER LLC)	O
151618	ENTERPRISE FIELD SERVICES LLC	G

IV. Well Completion Data

²¹ Spud Date 8/6/16	²² Ready Date 11/23/16	²³ TD 13545'M 8626'V	²⁴ PBTB 13479'M 8628'V	²⁵ Perforations 8918-13313'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement	
14-3/4"	10-3/4"	430'		470	
9-7/8"	7-5/8"	8138'		1170	
6-3/4"	5-1/2" X 4-1/2"	13531'		560	

V. Well Test Data

³¹ Date New Oil 11/27/16	³² Gas Delivery Date TBD	³³ Test Date 11/30/16	³⁴ Test Length 24 hrs.	³⁵ Tbg. Pressure ---	³⁶ Csg. Pressure 1265
³⁷ Choke Size 26/64	³⁸ Oil 471	³⁹ Water 1571	⁴⁰ Gas 712		⁴¹ Test Method F

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature: 

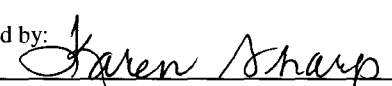
Printed name:
Jana Mendiola

Title:
Regulatory Coordinator

E-mail Address:
janalyn_mendiola@oxy.com

Date: 11/30/16 Phone: 432-685-5936

OIL CONSERVATION DIVISION

Approved by: 
Title: Bus Oper Spec- Adv
Approval Date: 12-15-16

Pending BLM approvals will
subsequently be reviewed
and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION

ARTESIA DISTRICT

DEC 02 2016

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.5. Lease Serial No.
NMNM13996

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.8. Well Name and No.
CEDAR CANYON 21 FEDERAL COM 5H9. API Well No.
30-015-4374910. Field and Pool, or Exploratory
CORRAL DRAW BONE SPRING11. County or Parish, and State
EDDY COUNTY, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
OXY USA INC.Contact: JANA MENDIOLA
E-Mail: janalyn_mendiola@oxy.com3a. Address
P.O. BOX 50250
MIDLAND, TX 797103b. Phone No. (include area code)
Ph: 432-685-5936

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T24S R29E SWSW 1090FSL 207FWL
32.198549 N Lat, 103.979724 W Lon

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 Drilling Operations
	<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 recompletable 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable 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.)

9/13/16 Skid rig from Cedar Canyon 22 Federal Com 5H to Cedar Canyon 21 Federal Com 5H. RU BOP, test @ 250# low 5000# high, good test. Test surface casing to 1500# for 30min, good test. RIH & tag cmt @ 362', drill new formation to 450', perform FIT test to EMW=23.9ppg, good test. 9/14/16 drill 9-7/8" hole to 8148', 9/18/16. RIH & set 7-5/8" 29.7# L-80 csg @ 8138', DVT @ 3002', ECP @ 3023', pump 40BFW spacer w/ red dye then cmt w/ 920sx (503bbl) PPC w/ additives 10.2ppg 3.07 yield followed by 250sx (73bbl) PPC w/ additives 13.2ppg, 1.65 yield, circ 60sx (33bbl) cmt to surface, WOC. Pressure to 2052#, inflate ECP, drop cancellation plug, pressure to 2200# to cancel tool. Install packoff, test to 5000#. RIH & tag DVT, drill out DVT, test casing to 4200# for 30 min, good test. Drill new formation to 8158', perform FIT test EMW=12.5ppg, good test.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #352687 verified by the BLM Well Information System
For OXY USA INC., sent to the Carlsbad**

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 09/27/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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

Pending BLM approvals will
subsequently be reviewed
and scanned

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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Department or agency of the United

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

NM OIL CONSERVATION

ARTESIA DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEC 02 2016

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED**
*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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM13996
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936	8. Well Name and No. CEDAR CANYON 21 FEDERAL COM 5H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T24S R29E SWSW 1090FSL 207FWL 32.198549 N Lat, 103.979724 W Lon		9. API Well No. 30-015-43749
		10. Field and Pool, or Exploratory CORRAL DRAW BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 shall 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 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.)

9/21/16 Drill 6-3/4" hole to 13545'M 8627'V 9/24/16. RIH & set split csg string w/ 4-1/2" 13.5# P110 @ 13531-8840' and 5-1/2" 20# P110 csg @ 8840-0'. Pump 40BFW tuned spacer then cmt w/ 560sx (158bbl) PPC w/ additives @ 13.2ppg 1.59 yield, full returns throughout job, WOC. Install packoff, test to 5000#, good test, ND BOP. RD Rel Rig 9/26/16.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #353489 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 10/04/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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 _____

Pending BLM approvals will
subsequently be reviewed
and scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Department or agency of the United

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

NM OIL CONSERVATION

ARTESIA DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEC 02 2016

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.5. Lease Serial No.
NMNM13996

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
CEDAR CANYON 21 FEDERAL COM 5H9. API Well No.
30-015-4374910. Field and Pool or Exploratory Area
CORRAL DRAW BONE SPRING11. County or Parish, State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
OXY USA INC.Contact: JANA MENDIOLA
E-Mail: janalyn_mendiola@oxy.com

3a. Address

P.O. BOX 50250
MIDLAND, TX 79710

3b. Phone No. (include area code)

Ph: 432-685-5936

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T24S R29E SWSW 1090FSL 207FWL
32.198548 N Lat, 103.979724 W Lon**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
	<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 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 recompletion 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.

RUPU 10/29/16, RIH & clean out to PBTD @ 13479', pressure test csg to 9502# for 30 min, good test.
RIH & perf @ 13313-13160, 13111-12958, 12909-12754, 12707-12554, 12501-12352, 12303-12150,
12101-11946, 11899-11746, 11693-11544, 11495-11342, 11293-11140, 11095-10938, 10889-10736,
10687-10530, 10485-10332, 10280-10130, 10080-9928, 9879-9726, 9677-9530, 9472-9322, 9273-9120,
9071-8918' Total 528 holes. Frac in 22 stages w/ 8401302g Slick Water + 43218g 15% HCl acid w/
8617700# sand, RD Schlumberger 11/12/16. RIH & clean out, flow to clean up and test well for
potential.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #359455 verified by the BLM Well Information System
For OXY USA INC., sent to the Carlsbad**

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 11/30/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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

Pending BLM approvals will
subsequently be reviewed
and scannedTitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowing
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Department or agency of the United States

(Instructions on page 2)

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

NM OIL CONSERVATION

ARTESIA DISTRICT

DEC 02 2016

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No. NMNM13996	
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Lease Name and Well No. CEDAR CANYON 21 FEDERAL COM 5H	
9. API Well No. 30-015-43749	
10. Field and Pool, or Exploratory CORRAL DRAW BONE SPRING	
11. Sec., T., R., M., or Block and Survey or Area Sec 22 T24S R29E Mer	
12. County or Parish EDDY	13. State NM
17. Elevations (DF, KB, RT, GL)* 2940 GL	
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)	

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 _____	

2. Name of Operator OXY USA INC.		Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com	
3. Address P.O. BOX 50250 MIDLAND, TX 79710		3a. Phone No. (include area code) Ph: 432-685-5936	

4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 22 T24S R29E Mer At surface SWSW 1090FSL 207FWL 32.198548 N Lat, 103.979724 W Lon At top prod interval reported below NESE 1671FSL 521FEL At total depth Sec 21 T24S R29E Mer NWSW 1957FSL 146FWL 32.200993 N Lat, 103.996967 W Lon	
---	--

14. Date Spudded 08/06/2016	15. Date T.D. Reached 09/24/2016	16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 11/23/2016
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18. Total Depth: MD TVD	13545 8626	19. Plug Back T.D.: MD TVD	13479 8628	20. Depth Bridge Plug Set: MD TVD
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21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY
--

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
14.750	10.750 J55	45.5	0	430		470	125	0	
9.875	7.625 L80	29.7	0	8138	3002	1170	576	0	
6.750	5.500 P110	20.0	0	8840		560	158	7450	
6.750	4.500 P110	13.5	8840	13531		560	158	7450	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 2ND BONE SPRING	8918	13313	8918 TO 13313	0.420	528	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
8918 TO 13313	8401302G SLICK WATER + 43218G 15% HCL ACID W/ 8617700# SAND

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
11/27/2016	11/30/2016	24	→	471.0	712.0	1571.0			FLOW FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
26/64	SI	1265.0	→	471	712	1571	1512	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	
	SI		→						

Pending BLM approvals will
subsequently be reviewed
and scanned

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

ELECTRONIC SUBMISSION #359449 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED

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
BELL CANYON	3019	3726	OIL, GAS, WATER	RUSTLER	266
CHERRY CANYON	3727	5104	OIL, GAS, WATER	SALADO	764
BRUSHY CANYON	5105	6689	OIL, GAS, WATER	CASTILE	1438
BONE SPRING	6690	7709	OIL, GAS, WATER	DELAWARE	2951
1ST BONE SPRING	7710	7953	OIL, GAS, WATER	BELL CANYON	3019
2ND BONE SPRING	7954	8628	OIL, GAS, WATER	CHERRY CANYON	3727
				BRUSHY CANYON	5105
				BONE SPRING	6690

32. Additional remarks (include plugging procedure):
FORMATION (LOG) MARKERS CONTD:

1ST BONE SPRING 7710' MD
2ND BONE SPRING 7954' MD

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 #359449 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Carlsbad**

Name (please print) DAVID STEWARTTitle SR. REGULATORY ADVISOR

Signature _____ (Electronic Submission)

Date 11/30/2016

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**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****