

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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			5. Lease Serial No. NMNM43744		
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 _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator OXY USA INC.			Contact: APRIL SANTOS E-Mail: APRIL_HOOD@OXY.COM		
3. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521			3a. Phone No. (include area code) Ph: 713-366-5771		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 34 T23S R31E Mer NMP At surface NENW 220FNL 1062FWL 32.267580 N Lat, 103.770770 W Lon Sec 34 T23S R31E Mer NMP At top prod interval reported below NENW 259FNL 792FEL 32.267470 N Lat, 103.771640 W Lon Sec 3 T24S R31E Mer NMP At total depth SESW 21FSL 803FWL 32.239190 N Lat, 103.771740 W Lon			8. Lease Name and Well No. PLATINUM MDP1 34-3 FED COM 172H		
14. Date Spudded 05/30/2019			15. Date T.D. Reached 08/11/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 09/29/2019			9. API Well No. 30-015-45231		
18. Total Depth: MD 21435 TVD 11247			19. Plug Back T.D.: MD 21392 TVD 11247		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory COTTON DRAW-BONE SPRING		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY			11. Sec., T., R., M., or Block and Survey or Area Sec 34 T23S R31E Mer NMP		
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)			12. County or Parish EDDY		
23. Casing and Liner Record (Report all strings set in well)			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3423 GL			17. Elevations (DF, KB, RT, GL)* 3423 GL		

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 J55	54.5	0	605		785	190	0	
12.250	9.625 HCL-80	40.0	0	4411		1358	404	0	
8.750	7.625 HCL-80	40.0	0	10638		1025	341	34	
6.750	5.500 P-110	20.0	0	21405		816	204	10100	

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

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRINGS	11179	21337	11179 TO 21337	0.370	1543	ACTIVE
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
11179 TO 21337	FRAC'D 64 STAGES W/ 12566274G SLICKWATER AND 21490288# SAND

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
10/10/2019	10/22/2019	24	→	2265.0	4065.0	9504.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
35	SI	1789.0	→	2265	4065	9504	1795	POW	

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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

10/27/20- Request for NMOCD extension of time to file BLM-Approved form 3160-4. File 3160-4 within 10days to NMOCD after BLM approval

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

ELECTRONIC SUBMISSION #514318 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

AV

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
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
BELL CANYON	4463	5222		RUSTLER	543
CHERRY CANYON	5222	6425		SALADO	879
BRUSHY CANYON	6425	8141		CASTILLE	2815
BONE SPRINGS	8141	8982		LAMAR	4425
1ST BONE SPRINGS	8982	9489		BELL CANYON	4463
2ND BONE SPRINGS	9489	10408		CHERRY CANYON	5222
3RD BONE SPRINGS	10408			BRUSHY CANYON	6425
				BONE SPRINGS	8141

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

1ST BONE SPRINGS - 8982' M
 2ND BONE SPRINGS - 9489' M
 3RD BONE SPRINGS - 10408' M

11/3/20- Request for NMOCD extension of time to file BLM-approved Form 3160-4.

LOGS WERE MAILED 1/27/2020

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 #514318 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Carlsbad

Name(*please print*) APRIL SANTOS Title REGULATORY SPECIALIST

Signature _____ (Electronic Submission) Date 05/06/2020

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.

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

Additional data for transaction #514318 that would not fit on the form

32. Additional remarks, continued

LOG HEADER, DIRECTIONAL SURVEY, AS-DRILLED AMENDED C-102 PLAT & WBD ARE ATTACHED

this completion report replaces EC# 500856 to update PBTD TVD and MD