

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

August 19, 2019 Copy

FORM 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. NMNM90587		
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 INCORPORATED			7. Unit or CA Agreement Name and No. NMNM139009		
Contact: LESLIE REEVES E-Mail: LESLIE_REEVES@OXY.COM			8. Lease Name and Well No. LOST TANK 30-19 FEDERAL COM 31H		
3. Address P O BOX 4294 HOUSTON, TX 77210-4294			9. API Well No. 30-025-45182-00-S1		
3a. Phone No. (include area code) Ph: 713-497-2492			10. Field and Pool, or Exploratory WC-025 G-09 S223219D-WOLFCAMP		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNW 240FNL 880FWL 32.383595 N Lat, 103.720090 W Lon Sec 19 T22S R32E Mer NMP At top prod interval reported below NWNW 451FNL 406FWL 32.384080 N Lat, 103.721630 W Lon Sec 30 T22S R32E Mer NMP At total depth SWSW 319FSL 428FWL 32.356080 N Lat, 103.721750 W Lon			11. Sec., T., R., M., or Block and Survey or Area Sec 19 T22S R32E Mer NMP		
14. Date Spudded 09/13/2018			15. Date T.D. Reached 11/03/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 11/28/2018			17. Elevations (DF, KB, RT, GL)* 3609 GL		
18. Total Depth: MD 22338 TVD 11965			19. Plug Back T.D.: MD 22124 TVD 11965		
20. Depth Bridge Plug Set: MD TVD			21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR		
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 J55	54.5	0	875		1150	277	0	
12.250	9.625 L80	43.5	0	6493		1495	754	0	
8.500	7.625 L80	26.4	0	11319		210	114	4000	
6.750	5.500 P110	20.0	0	22323		715	209	27	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	10893	10893						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12097	22048	12097 TO 22048	0.000	1200	ACTIVE
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
12097 TO 22048	44962 BBLS SLICK WATER & 1274BBLS 15 HCL W/ 24938238# 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
12/16/2018	01/05/2019	24	→	3529.0	6854.0	5643.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
34/128	SI	2131.0	→	3529	6854	5643		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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

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

ELECTRONIC SUBMISSION #456849 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

Reclamation Due: 5/28/2019

JUL 23 2019
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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	4644	5514	OIL, GAS, WATER	RUSTLER	821
CHERRY CANYON	5515	6872	OIL, GAS, WATER	SALADO	1154
BRUSHY CANYON	6873	8472	OIL, GAS, WATER	CASTILE	3200
BONE SPRING	8473	11699	OIL, GAS, WATER	DELAWARE	4610
WOLFCAMP	11700	11965	OIL, GAS, WATER	BELL CANYON	4644
				CHERRY CANYON	5515
				BRUSHY CANYON	6873
				BONE SPRING	8473

32. Additional remarks (include plugging procedure):

LOG HEADER, DIRECTIONAL SURVEY, AS-DRILLED C-102 PLAT AND WBD ARE ATTACHED.

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 #456849 Verified by the BLM Well Information System.

For OXY USA INCORPORATED, sent to the Hobbs

Committed to AFMSS for processing by DEBORAH HAM on 06/17/2019 (19DMH0116SE)

Name (please print) LESLIE REEVES

Title REGULATORY ADVISOR

Signature _____ (Electronic Submission)

Date 03/05/2019

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.

**** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ****