

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

## WELL COMPLETION OR RECOMPLETION REPORT LOG

**1a. Type of Well** ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other  
**b. Type of Completion** ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Directional  
Other \_\_\_\_\_

**2. Name of Operator** OXY USA INCORPORATED **Contact:** LESLIE REEVES  
E-Mail: LESLIE\_REEVES@OXY.COM

**3. Address** P O BOX 4294  
HOUSTON, TX 77210-4294 **3a. Phone No. (include area code)**  
Ph: 713-497-2492

**4. Location of Well (Report location clearly and in accordance with Federal requirements)\***  
At surface SWSW 250FSL 1255FWL 32.210952 N Lat, 103.684129 W Lon  
Sec 16 T24S R32E Mer NMP  
At top prod interval reported below SESW 161FSL 1279FWL 32.210710 N Lat, 103.684050 W Lon  
Sec 9 T24S R32E Mer NMP  
At total depth NWNW 21FNL 1209FWL 32.239240 N Lat, 103.684080 W Lon

**14. Date Spudded** 06/08/2018 **15. Date T.D. Reached** 09/10/2018 **16. Date Completed**  
☐ D & A ☒ Ready to Prod. 11/20/2018

**17. Elevations (DF, KB, RT, GL)\*** 3568 GL

**18. Total Depth:** MD 21115 TVD 10812 **19. Plug Back T.D.:** MD 21076 TVD 10811 **20. Depth Bridge Plug Set:** MD TVD

**21. Type Electric & Other Mechanical Logs Run (Submit copy of each)** GR

**22. Was well cored?** ☒ No ☐ Yes (Submit analysis)  
**Was DST run?** ☒ No ☐ Yes (Submit analysis)  
**Directional Survey?** ☒ No ☐ 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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	970		1254	302	0	
12.250	9.625 L80	43.5	0	4741		1705	555	0	
8.500	5.500 P110	20.0	0	21114		2965	901	330	

## 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	10526	10526						

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING 2ND	10648	21001	10648 TO 21001	0.000	1224	ACTIVE
B)						
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
10648 TO 21001	393740 BBLs SLICK WATER & 167 BBLs 7.5%HCL ACID W/ 20430838# 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
12/01/2018	02/11/2019	24	→	2693.0	3778.0	6706.0			
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
60/128	SI	720.0	→	2693	3778	6706	1403	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 #455380 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

Reclamation Due: 5/20/2019

K3

## 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	4733	5596	OIL, GAS, WATER	RUSTLER	899
CHERRY CANYON	5597	6887	OIL, GAS, WATER	SALADO	1226
BRUSHY CANYON	6888	8564	OIL, GAS, WATER	CASTILE	3267
BONE SPRING	8565	9695	OIL, GAS, WATER	DELAWARE	4704
BONE SPRING 1ST	9696	10231	OIL, GAS, WATER	BELL CANYON	4733
BONE SPRING 2ND	10232	10862	OIL, GAS, WATER	CHERRY CANYON	5597
				BRUSHY CANYON	6888
				BONE SPRING	8565

## 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 #455380 Verified by the BLM Well Information System.

For OXY USA INCORPORATED, sent to the Hobbs

Committed to AFMSS for processing by DEBORAH HAM on 07/16/2019 (19DMH0133SE)

Name (please print) LESLIE REEVES

Title REGULATORY ADVISOR

Signature (Electronic Submission)

Date 02/20/2019

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 \*\***

District I  
 1633 N. French Dr., Hobbs, NM 88240  
 Phone: (505) 393-6161 Fax: (505) 393-6729  
 District II  
 811 S. First St., Artesia, NM 88210  
 Phone: (505) 748-1283 Fax: (505) 748-9720  
 District III  
 1000 Rio Brazos Road, Aztec, NM 87410  
 Phone: (505) 334-4178 Fax: (505) 334-6170  
 District IV  
 1280 S. St. Francis Dr., Santa Fe, NM 87505  
 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-102  
 Revised August 1, 2011  
 Submit one copy to appropriate  
 District Office

☒ AMENDED REPORT  
 AS-DRILLED

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-44500</b>	Pool Code <b>96229</b>	Pool Name <b>Mesa Verde Bone Springs</b>
Property Code <b>30828</b>	Property Name <b>MESA VERDE BONE SPRING UNIT</b>	Well Number <b>23H</b>
OGRID No <b>16696</b>	Operator Name <b>OXY USA INC.</b>	Elevation <b>3568.2'</b>

**Surface Location**

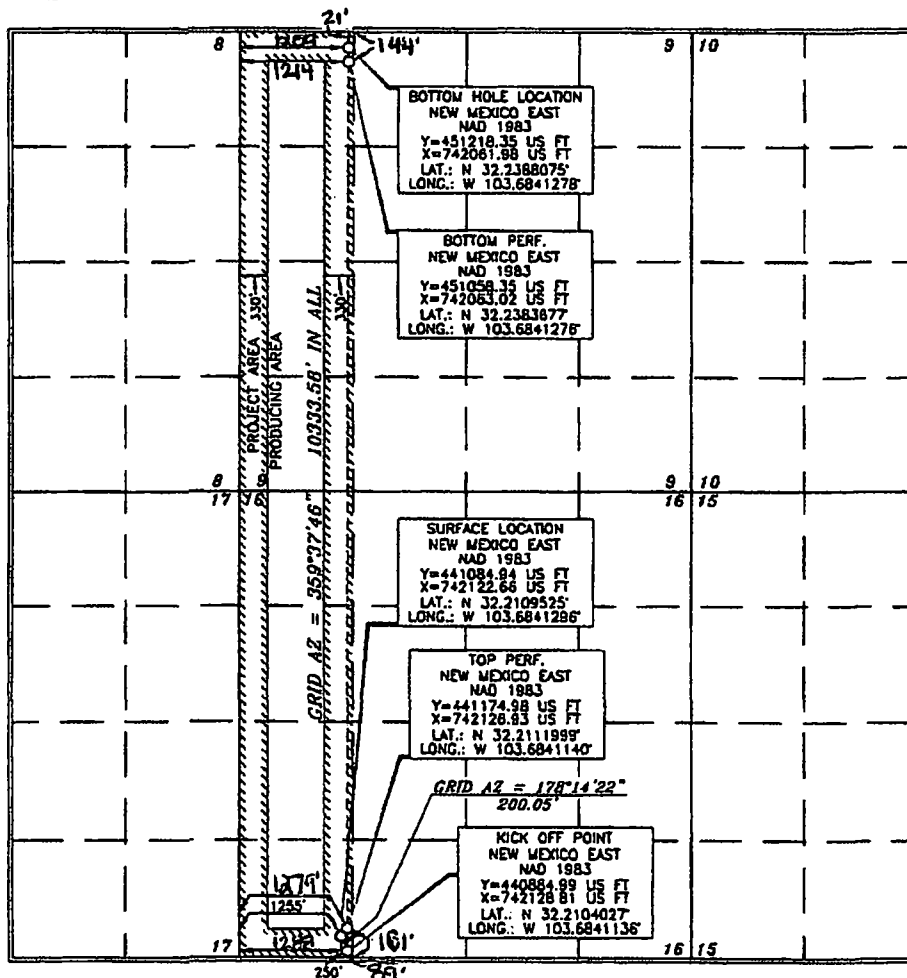
UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>M</b>	<b>16</b>	<b>24 SOUTH</b>	<b>32 EAST, N.M.P.M.</b>		<b>250'</b>	<b>SOUTH</b>	<b>1255'</b>	<b>WEST</b>	<b>LEA</b>

**Bottom Hole Location If Different From Surface**

UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>D</b>	<b>9</b>	<b>24 SOUTH</b>	<b>32 EAST, N.M.P.M.</b>		<b>21</b>	<b>NORTH</b>	<b>1209</b>	<b>WEST</b>	<b>LEA</b>

Dedicated Acres <b>320</b>	Joint or Infill <b>Y</b>	Consolidation Code	Order No	<b>TP/FTP: 161' FSL 1279' FNL</b> <b>BP/LTP: 144' FNL 1214' FNL</b>
-------------------------------	-----------------------------	--------------------	----------	--

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



**OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and  
 complete to the best of my knowledge and belief, and that this  
 organization either owns a working interest or undivided mineral  
 interest in the land including the proposed bottom hole location or  
 has a right to drill this well at this location pursuant to a contract  
 with an owner of such a mineral or working interest, or to a  
 voluntary pooling agreement or a compulsory pooling order  
 heretofore entered by the division

Signature: *Leslie Reeves* Date: **11/19/18**  
**LESLIE REEVES**

Printed Name: **LESLIE - REEVES@OXY.COM**  
 E-mail Address:

**SURVEYOR CERTIFICATION**

I hereby certify that the well information shown on this  
 plat was obtained from field notes and/or surveys  
 made by me or under my supervision and that the  
 same is true and correct to the best of my belief

Date of Survey: **JUNE 27, 2017**  
 Signature and Seal of Professional Land Surveyor

Certificate Number: **15079**  
 Date of Survey: **8/14/2017**

WO# 170627WL-b (104)

Intent ☐ As Drilled ☒

API # 30-025-44560			
Operator Name: OXY USA INC.		Property Name: MESA VERDE BONE SPRING UNIT	Well Number 23H

Kick Off Point (KOP)

UL M	Section 16	Township 24S	Range 32E	Lot	Feet 89	From N/S FSL	Feet 1288	From E/W FWL	County LEA
Latitude 32.21051					Longitude -103.68403				NAD NAD83

First Take Point (FTP)

UL M	Section 16	Township 24S	Range 32E	Lot	Feet 161	From N/S FSL	Feet 1279	From E/W FWL	County LEA
Latitude 32.21071					Longitude -103.68405				NAD NAD83

Last Take Point (LTP)

UL D	Section 9	Township 24S	Range 32E	Lot	Feet 144	From N/S FNL	Feet 1214	From E/W FWL	County LEA
Latitude 32.23890					Longitude -103.68406				NAD NAD83

Is this well the defining well for the Horizontal Spacing Unit? ☐

Is this well an infill well? ☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #			
Operator Name:		Property Name:	Well Number

KZ 06/29/2018