

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HobbsFORM 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			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)* Sec 19 T22S R32E Mer NMP 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			8. Lease Name and Well No. LOST TANK 30-19 FEDERAL COM 31H		
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			9. API Well No. 30-025-45182-00-S1		
18. Total Depth: MD 22338 TVD 11965			19. Plug Back T.D.: MD 22124 TVD 11965		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory WC-025 G-09 S223219D-WOLFCAMP		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR			11. Sec., T., R., M., or Block and Survey or Area Sec 19 T22S R32E 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 LEA		
23. Casing and Liner Record (Report all strings set in well)			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3609 GL			18. Date Completed 11/28/2018		

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	

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						

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

Depth Interval	Amount and Type of Material
12097 TO 22048	44962 BBLs SLICK WATER & 1274BBLs 15 HCL W/ 24938238# SAND

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	

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						JUL 23 2019
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						Dinah Aguado

(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

FZ

## 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 \*\* REVISED \*\***

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 744-1283 Fax: (575) 744-0720  
District III  
1620 Elm Street Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3450 Fax: (505) 476-3453

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 WC-025-G09-S22324

API Number 30-025-45182	Pool Code	Pool Name W: Heat Wolfcamp
Property Code	Property Name LOST TANK "30-19" FEDERAL Com.	Well Number 31H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3609.0'

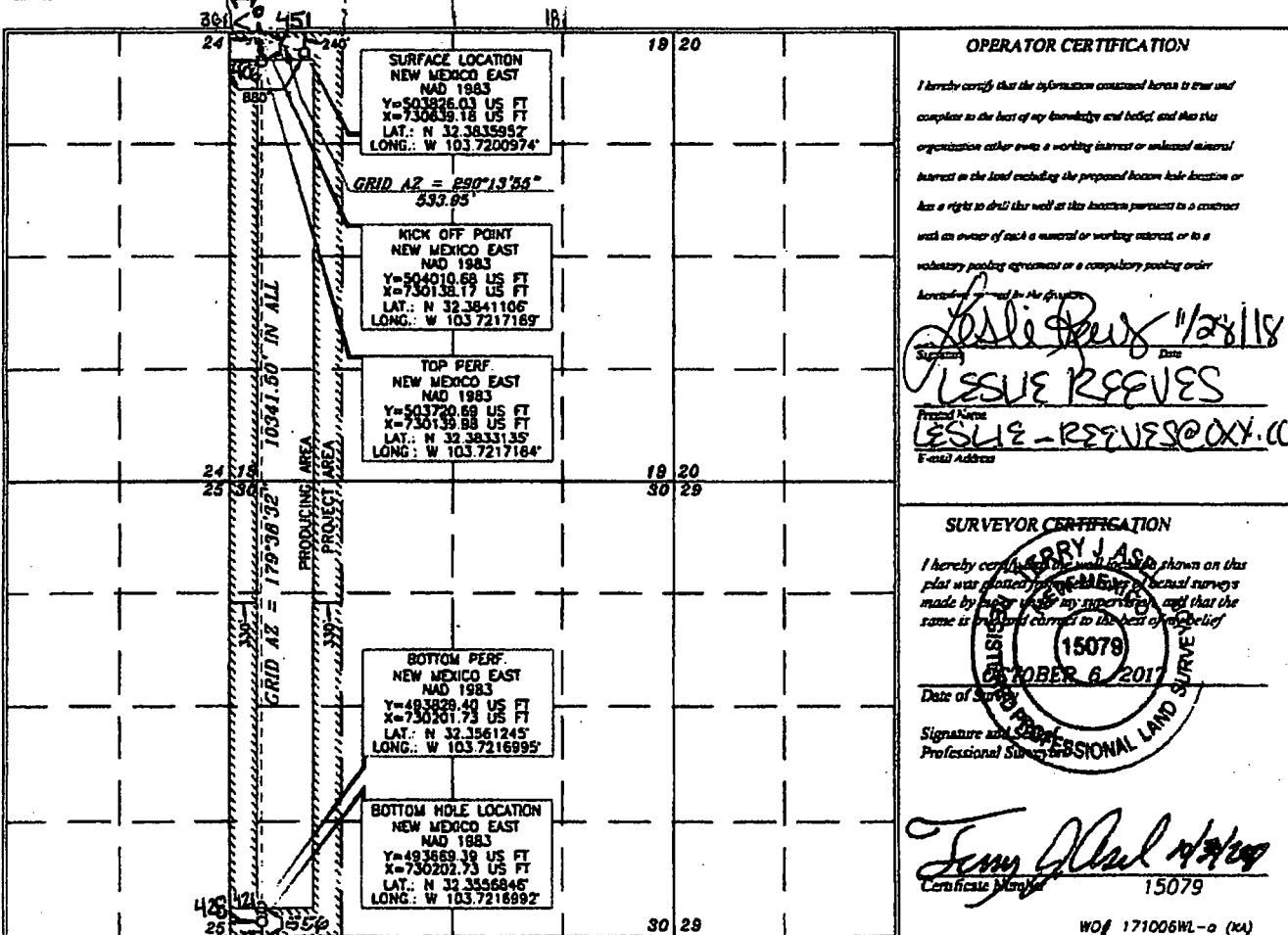
Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
D	19	22 SOUTH	32 EAST, N.M.P.M.		240'	NORTH	880'	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
M	30	22 SOUTH	32 EAST, N.M.P.M.		319'	SOUTH	428	WEST	LEA
Dedicated Acres 320	Joint or Infill Y	Consolidation Code	Order No.	FTP/TP: 451 FNL 400' FNL LTP/BP: 556' ESL 421' FNL					

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.

Signature: *Leslie Reeves* Date: 11/28/18  
Printed Name: LESLIE REEVES  
E-mail Address: LESLIE-REEVES@OXY.COM

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the best of recent 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: OCTOBER 6, 2017  
Signature and Seal: *Tommy J. As...*  
Professional Surveyor: 15079

Certificate Number: 15079

WOF 171006WL-a (10)