

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
Energy, Minerals & Natural Resources

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

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ 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 30-025-44185		³ Reason for Filing Code/ Effective Date - RT
⁵ Pool Name Mesa Verde Bone Spring	⁶ Pool Code 96229	
⁷ Property Code: 320828	⁸ Property Name: Mesa Verde Bone Spring Unit	⁹ Well Number: 5H

II. ¹⁰ Surface Location

UL or lot no. P	Section 17	Township 24S	Range 32E	Lot Idn	Feet from the 280	North/South Line SOUTH	Feet from the 995	East/West line EAST	County LEA
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¹¹ Bottom Hole Location **Top Perf- 337' FSL 1252' FEL** **Bottom Perf- 358' FNL 1329' FEL (B)**

UL or lot no. B	Section 8	Township 24S	Range 32E	Lot Idn	Feet from the 196	North/South line NORTH	Feet from the 1329	East/West line EAST	County LEA
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
	GREAT LAKES PETROLEUM TRANSPORTATION, LLC	O
151618	ENTERPRISE FIELD SERVICES LLC	G
	HOBBS OCD	
	MAY 10 2018	
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IV. Well Completion Data

²¹ Spud Date 1/29/18	²² Ready Date 5/10/18	²³ TD 20505'M 10449'V	²⁴ PBT 20441'M 10449'V	²⁵ Perforations 10441-20343'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2"	13-3/8"	974'	1245		
12-1/4"	9-5/8"	4694'	1290		
8-1/2"	5-1/2"	20490'	2895		

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas		⁴¹ Test Me

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

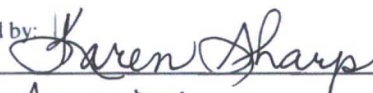
Title:
Regulatory Specialist

E-mail Address:
janalyn_mendiola@oxy.com

Date: 5/8/18 Phone: 432-685-5936

OIL CONSERVATION DIVISION

Approved by:



Title:

Staff Mgr

Approval Date:

5-10-18

Test Allowable expires 08-10-2018

Pending BLM approvals will
subsequently be reviewed
and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO 1004-0137
Expires January 31, 2018

HOBBS OCD

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.

MAY 10 2018

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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMNM66925
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 NMNM137096X
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No (include area code) Ph: 432-685-5936	8. Well Name and No MESA VERDE BS UNIT 5H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T24S R32E Mer NMP SESE 280FSL 995FEL 32.211014 N Lat, 103.691406 W Lon		9. API Well No 30-025-44185
		10. Field and Pool or Exploratory Area MESA VERDE BONE SPRING
		11. County or Parish, State LEA COUNTY COUNTY, NM

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 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 must 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 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 4/16/18, RIH & clean out to PBTD @ 20441'. Pressure test csg to 9800# for 30 min, good test.
RIH & perf from 20343-10441' Total 1200 holes. Frac in 50 stages w/ 16225734g Slick Water +
27006g 7.5% HCl acid w/ 19618085# sand, RD Schlumberger 5/3/18. Turn well over to production for
clean out, flowback and test.

14. I hereby certify that the foregoing is true and correct Electronic Submission #419251 verified by the BLM Well Information System For OXY USA INC., sent to the Hobbs	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 05/08/2018

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 _____

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

(Instructions on page 2)

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

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and scanned

... or agency of the United