

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

HOBBS OCD
AUG 10 2018

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 4294 HOUSTON, TX 77210		² OGRID Number 16696
⁴ API Number 30-025-44042		³ Reason for Filing Code/ Effective Date - NW
⁵ Pool Name MESA VERDE; BONE SPRING	⁶ Pool Code 96229	
⁷ Property Code: 319616	⁸ Property Name: MESA VERDE BONE SPRING UNIT	⁹ Well Number: 6H

II. ¹⁰ Surface Location

UL or lot no. O	Section 17	Township 24S	Range 32E	Lot Idn	Feet from the 280	North/South Line SOUTH	Feet from the 2264	East/West line EAST	County LEA
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¹¹ Bottom Hole Location FTP- 647' FSL 2210' FEL LTP- 437' FNL 2290' FEL

UL or lot no. B	Section 8	Township 24S	Range 32E	Lot Idn	Feet from the 206	North/South line NORTH	Feet from the 2292	East/West line EAST	County LEA
¹² Lse Code F	¹³ Producing Method Code : F	¹⁴ Gas Connection Date: 5/13/18	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

IV. Well Completion Data

²¹ Spud Date 1/6/18	²² Ready Date 5/13/18	²³ TD 10411'V/20454'M	²⁴ PBSD 10410'V/20395'M	²⁵ Perforations 10739'-20223'	²⁶ DHC, MC
²⁷ Hole Size		²⁸ Casing & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement
17-1/2"		13-3/8"	939'		1240
12-1/4"		9-5/8"	4735'		1300
8-1/2"		5-1/2"	20444'		2970

V. Well Test Data

³¹ Date New Oil 5/13/18	³² Gas Delivery Date 5/14/18	³³ Test Date 6/6/18	³⁴ Test Length 24 HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 971
³⁷ Choke Size 128/128	³⁸ Oil 1364	³⁹ Water 4246	⁴⁰ Gas 2209		⁴¹ Test Method FLOWING

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:

Sarah Chapman

Printed name:

SARAH CHAPMAN

Title:

REGULATORY SPECIALIST

E-mail Address:

sarah_chapman@oxy.com

Date:

08/08/18

Phone:

713-350-4997

OIL CONSERVATION DIVISION

Approved by:

Karen Sharp

Title:

Staff Mgr

Approval Date:

8-14-18

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

HOBBS OCD

AUG 10 2018

RECEIVED

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: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		7. If Unit or CA/Agreement, Name and/or No. NMNM137096X
3a. Address P.O. BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-350-4997	8. Well Name and No. MESA VERDE BS UNIT 6H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T24S R32E SWSE 280FSL 2264FEL 32.210988 N Lat, 103.696671 W Lon		9. API Well No. 30-025-44042
		10. Field and Pool or Exploratory Area MESA VERDE BONE SPRING
		11. County or Parish, State LEA 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 recompletion 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 4/6/18, RIH & clean out to PBDT @ 20395'. Pressure test 5-1/2" csg to 9800# for 30 min, good test. RIH & perf @ 20223-20139, 20089-19939, 19889-19739, 19689-19539, 19489-19339, 19289-19139, 19089-18939, 18889-18739, 18689-18539, 18489-18342, 11369-11219, 18089-17936, 17889-17741, 17689-17539, 17480-17339, 17289-17139, 17085-16939, 16892-16739, 16689-16539, 16489-16339, 16289-16139, 16089-15939, 15889-15739, 15689-15539, 15484-15339, 15284-15139, 15092-14939, 14878-14739, 14689-14539, 14490-14339, 14290-14139, 14089-13939, 13889-13739, 13689-13539, 13490-13339, 13290-13139, 13089-12939, 12889-12736, 12689-12544, 12489-12342, 12289-12141, 12089-11939, 11888-11739, 11686-11539, 11491-11339, 11289-11139, 11089-10939, 10889-10739, 10689-10539. Total 1176 holes. Frac in 49 stages w/ 15869364g Slick Water + 32508g 7.5% HCl acid w/ 19588688# sand, RD Schlumberger 05/08/18. Turn well over to production for clean out, flowback and test.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #430622 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 **08/09/2018**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

*Documents pending BLM approvals will
subsequently be reviewed and scanned*

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.

to any department or agency of the United

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD
AUG 10 2018
RECEIVED

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. NMNM66925
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: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		7. Unit or CA Agreement Name and No. NMNM137096X
3. Address P.O. BOX 4294 HOUSTON, TX 77210	3a. Phone No. (include area code) Ph: 713-350-4997	8. Lease Name and Well No. MESA VERDE BS UNIT 6H
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 17 T24S R32E Mer NMP At surface SWSE 280FSL 2624FEL 32.210987 N Lat, 103.696671 W Lon Sec 17 T24S R32E Mer At top prod interval reported below SWSE 647FSL 2210FEL 32.211159 N Lat, 103.695250 W Lon Sec 8 T24S R32E Mer NMP At total depth NWNW 206FNL 2292FEL 32.238631 N Lat, 103.695340 W Lon		9. API Well No. 30-025-44042
14. Date Spudded 01/06/2018	15. Date T.D. Reached 02/20/2018	10. Field and Pool, or Exploratory MESA VERDE BONE SPRING
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/06/2018		11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R32E Mer NMP
17. Elevations (DF, KB, RT, GL)* 3560 GL		12. County or Parish LEA
18. Total Depth: MD 20454 TVD 10411		13. State NM
19. Plug Back T.D.: MD 20395 TVD 10410		20. Depth Bridge Plug Set: MD TVD
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) MUD LOG		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	939		1240	286	0	
12.250	9.625 L80	47.0	0	4735		1300	490	0	
8.500	5.500 P110	20.0	0	20444		2970	911	1312	✓

24. Tubing Record

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

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) SECOND BONE SPRING	10739	20223	10739 TO 20223	0.420	1176	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10739 TO 20223	15869364G SLICK WATER + 32508G 7.5% HCL ACID W/ 19588688# 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
05/13/2018	06/06/2018	24	→	1364.0	2209.0	4246.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
128/128	SI	971.0	→	1364	2209	4246		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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio		
			→						

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

ELECTRONIC SUBMISSION #430623 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED **

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.)
CAPTURED

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	4700	5566		RUSTLER	811
CHERRY CANYON	5567	6847		SALADO	1157
BRUSHY CANYON	6848	8519		CASTILLE	3307
BONE SPRING	8520	9516		DELAWARE	4671
BONE SPRING 1ST	9517	9904		BELL CANYON	4700
BONE SPRING 2ND	9905	10500		CHERRY CANYON	5567
				BRUSHY CANYON	6848
				BONE SPRING	8520

32. Additional remarks (include plugging procedure):

LOG HEADER, DIRECTIONAL SURVEY, AS DRILLED C-102 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 #430623 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Hobbs**

Name (please print) DAVID STEWARTTitle SR. REGULATORY ADVISOR

Signature _____ (Electronic Submission)

Date 08/09/2018

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.

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