

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 4294 HOUSTON, TX 77210		² OGRID Number 16696
⁴ API Number 30-025-44065		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: 7H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	17	24S	32E		280	SOUTH	2626	WEST	LEA

¹¹ Bottom Hole Location FTP- 453' FSL 2209' FWL LTP- 369' FNL 2144' FWL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	8	24S	32E		230	NORTH	2200	WEST	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 1/5/18	²² Ready Date 5/13/18	²³ TD 10429'V/20541'M	²⁴ PBDT 10429'V/20491'M	²⁵ Perforations 10619'-20370'	²⁶ DHC, MC
²⁷ Hole Size 17-1/2"	²⁸ Casing & Tubing Size 13-3/8"	²⁹ Depth Set 935'	³⁰ Sacks Cement 1240		
12-1/4"	9-5/8"	4742'	1300		
8-1/2"	5-1/2"	20531'	2965		

V. Well Test Data

³¹ Date New Oil 5/13/18	³² Gas Delivery Date 5/14/18	³³ Test Date 5/30/18	³⁴ Test Length 24 HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 1111
³⁷ Choke Size 128/128	³⁸ Oil 1853	³⁹ Water 5008	⁴⁰ Gas 2887		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:

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:

Title:

Approval Date:

Documents 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**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.*5. Lease Serial No.
NMNM66925

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM137096X8. Well Name and No.
MESA VERDE BS UNIT 7H9. API Well No.
30-025-4406510. Field and Pool or Exploratory Area
MESA VERDE BONE SPRING11. County or Parish, State
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
OXY USA INCContact: SARAH CHAPMAN
E-Mail: SARAH_CHAPMAN@OXY.COM3a. Address
P.O. BOX 4294
HOUSTON, TX 772103b. Phone No. (include area code)
Ph: 713-350-4997

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 17 T24S R32E SESW 280FSL 2626FWL
32.210987 N Lat, 103.696800 W Lon**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 4/10/18, RIH & clean out to PBTD @ 20491'. Pressure test 5-1/2" csg to 9800# for 30 minutes, good test. RIH & perf @ 20370-20220, 20169-20019, 19969-19819, 19764-19619, 19569-19419, 19369-19219, 19169-19019, 18969-18819, 18770-18619, 18569-18419, 18369-18219, 18169-18019, 17969-17819, 17769-17615, 17569-17419, 17369-17219, 17165-17019, 16969-16819, 16770-16619, 16569-16419, 16369-16219, 16169-16019, 15970-15823, 15769-15623, 15569-15419, 15370-15220, 15165-15019, 14969-14823, 14689-14539, 14570-14417, 14369-14219, 14169-14017, 13969-13819, 13689-13539, 13567-13419, 13370-13219, 13171-13019, 12969-12819, 12769-12619, 12569-12419, 12369-12216, 12169-12019, 11970-11815, 11770-11619, 11571-11419, 11369-11219, 11169-11016, 10969-10819, 10769-10619. Total 1175 holes. Frac in 49 stages w/ 15979194g Slick Water + 33012g 7.5% HCl acid w/ 196448008# sand, RD Schlumberger 04/25/18. Turn well over to production for clean out, flowback and test.

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

**Electronic Submission #430625 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 OFFICIAL 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 _____

Documents pending BLM approvals will
subsequently be reviewed and scannedTitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and
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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

AUG 10 2018

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

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.		7. Unit or CA Agreement Name and No. NMNM137096X
Contact: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		8. Lease Name and Well No. MESA VERDE BS UNIT 7H
3. Address P.O. BOX 4294 HOUSTON, TX 77210		9. API Well No. 30-025-44065
3a. Phone No. (include area code) Ph: 713-350-4997		10. Field and Pool, or Exploratory MESA VERDE BONE SPRING
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 17 T24S R32E Mer NMP At surface SESW 280FSL 2626FWL 32.210987 N Lat, 103.696800 W Lon Sec 17 T24S R32E Mer At top prod interval reported below SESW 453FSL 2209FWL 32.211145 N Lat, 103.698176 W Lon Sec 8 T24S R32E Mer NMP At total depth NENE 198FNL 2139FWL 32.238631 N Lat, 103.695340 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R32E Mer NMP
14. Date Spudded 01/05/2018		12. County or Parish LEA
15. Date T.D. Reached 03/04/2018		13. State NM
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/10/2018		17. Elevations (DF, KB, RT, GL)* 3560 GL
18. Total Depth: MD 20541 TVD 10429		19. Plug Back T.D.: MD 20491 TVD 10429
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	935		1240	298	0	
12.250	9.625 L80	47.0	0	4742		1300	490	0	
8.500	5.500 P110	20.0	0	20531		2965	915	12	

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

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) SECOND BONE SPRING	10619	20370	10619 TO 20370	0.420	1176	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10619 TO 20370	15979194G SLICK WATER + 33012G 7.5% HCL ACID W/ 196448008# 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	05/30/2018	24	→	1853.0	2887.0	5008.0			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	1111.0	→	1853	2887	5008		POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API
			→				
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio
	SI		→				

Documents pending BLM approvals will subsequently be reviewed and scanned -

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

ELECTRONIC SUBMISSION #430615 VERIFIED BY THE BLM WELL INFORMATION SYSTEM.

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

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	5539		RUSTLER	831
CHERRY CANYON	5540	6878		SALADO	1161
BRUSHY CANYON	6879	8523		CASTILLE	3314
BONE SPRING	8524	9521		DELAWARE	4674
BONE SPRING 1ST	9522	9881		BELL CANYON	4700
BONE SPRING 2ND	9882	10200		CHERRY CANYON	5540
				BRUSHY CANYON	6879
				BONE SPRING	8524

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 #430615 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Hobbs

Name (please print) DAVID STEWART

Title 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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****