

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

Form C-104
Revised August 1, 2011

HOBBS OCD

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

AUG 16 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 30-025-44186		³ Reason for Filing Code/ Effective Date - RT
⁵ Pool Name MESA VERDE BONE SPRING	⁶ Pool Code 96229	
⁷ Property Code: 210828	⁹ Well Number: 12H	
⁸ Property Name: MESA VERDE BONE SPRING UNIT		

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	18	P24S	32E		280	SOUTH	2563	WEST	LEA

¹¹ Bottom Hole Location

FTP: 415' FSL 2029' FEL LTP: 350' FNL 2124' FEL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	7	24S	32E		171	NORTH	2124	EAST	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

IV. Well Completion Data

²¹ Spud Date 03/18/18	²² Ready Date 08/16/18	²³ TD 10700'V/18161'M	²⁴ PBTD 10700'V/18113'M	²⁵ Perforations 10822-18007	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14-3/4"	10-3/4"	950'	1020		
9-7/8"	7-5/8"	10125'	1930		
6-3/4"	5-1/2"	18134'	3095		
6-3/4"	4-1/2"	7363'	3095		

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 Method

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:

08/16/18

Phone:

713-350-4997

OIL CONSERVATION DIVISION

Approved by:

Karen Sharp

Title:

Staff Mgr

Approval Date:

8-17-18

Test Allowable expires 11-16-2018

C-105 Submittal required by 10-1-2018

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.*

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 Contact: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-350-4997	7. If Unit or CA/Agreement, Name and/or No. NMNM137096X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R32E SESW 280FSL 2563FWL 32.210911 N Lat, 103.714691 W Lon		8. Well Name and No. MESA VERDE BS UNIT 12H
		9. API Well No. 30-025-44186
		10. Field and Pool or Exploratory Area MESA VERDE BONE SPRING
		11. County or Parish, State LEA COUNTY, NM

HOBBS OCD
AUG 16 2018
RECEIVED

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 7/27/18 RIH & clean out to PBTD @ 18113'. Pressure test 5-1/2" csg to 9800# for 30 minutes, good test. RIH & perf from 10822'-18007'. Total 865 holes. Frac in 36 stages w/ 12705840g slick water & 19025g of 7.5% HCL w/ 5642890# sand. RD Schlumberger 8/11/18. Turn well over to production for clean out, flowback and test.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #431523 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 08/16/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 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.

(Instructions on page 2)

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