

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 30-025-44187		³ Reason for Filing Code/ Effective Date - NW
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: 11H

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
P	18	24S	32E		420	SOUTH	1070	EAST	LEA

¹¹ Bottom Hole Location

FTP- 101' FSL 1445' FWL LTP - 213' FNL 1441' 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		23	NORTH	1443	EAST	LEA
¹² Lse Code F	¹³ Producing Method Code : F	¹⁴ Gas Connection Date: 08/10/2018	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 3/1/18	²² Ready Date 8/8/18	²³ TD 10443'V/18175'M	²⁴ PBSD 10443'V/18121'M	²⁵ Perforations 10292-17985	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2"	13-3/8"	948'	1225		
12-1/4"	9-5/8"	4702'	1379		
8-1/2"	5-1/2"	18175'	2729		

V. Well Test Data

³¹ Date New Oil 08/11/2018	³² Gas Delivery Date 08/10/2018	³³ Test Date 10/15/2018	³⁴ Test Length 24-HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 743
³⁷ Choke Size 64/64	³⁸ Oil 2686	³⁹ Water 4508	⁴⁰ Gas 3710		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: 11/01/2018 Phone: 713-350-4997

OIL CONSERVATION DIVISION

Approved by:

Karen Sharp

Title:

Staff Mgr

Approval Date:

11-8-18

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: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM66925

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.
Other _____

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.
NMNM137096X

2. Name of Operator
OXY USA INC. Contact: SARAH CHAPMAN
E-Mail: SARAH_CHAPMAN@OXY.COM

8. Lease Name and Well No.
MESA VERDE BS UNIT 11H

3. Address P.O. BOX 4294
HOUSTON, TX 77210

3a. Phone No. (include area code)
Ph: 713-350-4997

9. API Well No.
30-025-44187

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
Sec 18 T24S R32E Mer
At surface SESE 420FSL 1070FEL 32.211316 N Lat, 103.708749 W Lon
Sec 7 T24S R32E Mer
At top prod interval reported below NENE 213FNL 1441FEL 32.231001 N Lat, 103.709784 W Lon
Sec 7 T24S R32E Mer
At total depth NENE 23FNL 1443FEL 32.231431 N Lat, 103.709784 W Lon

10. Field and Pool, or Exploratory
MESA VERDE BONE SPRING

11. Sec., T., R., M., or Block and Survey
or Area Sec 18 T24S R32E Mer

12. County or Parish
LEA

13. State
NM

14. Date Spudded
03/01/2018

15. Date T.D. Reached
06/24/2018

16. Date Completed
☐ D & A ☒ Ready to Prod.
07/12/2018

17. Elevations (DF, KB, RT, GL)*
3569 GL

18. Total Depth: MD 18175
TVD 10443

19. Plug Back T.D.: MD 18121
TVD 10443

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
GAMMA RAY AND MUDLOG

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit analysis)
Directional Survey? ☒ No ☐ 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	948		4558	294	0	
12.250	9.625 L80	43.5	0	4702		1379	420	0	
8.500	5.500 P110	20.0	0	18175		2729	734	509	

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)			10292 TO 17985	0.420	1025	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10292 TO 17985	12705840G SLICK WATER & 195000G OF 7.5% HCL W/ 7817640# 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
08/11/2018	10/15/2018	24	→	2686.0	3710.0	4508.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. 743.0	24 Hr. Rate →	Oil BBL 2686	Gas MCF 3710	Water BBL 4508	Gas:Oil Ratio	Well Status	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	Well Status	

Documents pending BLM approvals will subsequently be reviewed and scanned.

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

ELECTRONIC SUBMISSION #442168 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPE.

ED **

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**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.*FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUBMIT IN TRIPLICATE - Other instructions on page 2		5. Lease Serial No. NMNM66925
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator OXY USA INC		7. If Unit or CA/Agreement, Name and/or No. NMNM137096X
Contact: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		8. Well Name and No. MESA VERDE BS UNIT 11H
3a. Address P.O. BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-350-4997	9. API Well No. 30-025-44187
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R32E SESE 420FSL 1070FEL 32.211315 N Lat, 103.708748 W Lon		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 7/12/18 RIH & clean out to PBTD @ 18121'. Pressure test 5-1/2? csg to 9800# for 30 minutes, good test. RIH & perf from 10292'-17985'. Total 1025 holes. Perforate at 17985-17835, 17786-17637, 17587-17438, 17388-17240, 17190-17041, 16991-16841, 16793-16645, 16595-16448, 16394-16247, 16197-16049, 15999-15900, 15800-15562, 15602-15453, 15403-15255, 15205-15056, 15006-14858, 14808-14656, 14609-14461, 14411-14262, 14214-14064, 14011-13865, 13815-13667, 13617-13468, 15809-15681, 13220-13071, 13021-12873, 12823-12677, 12624-12476, 12426-12277, 12231-12079, 12029-11880, 11830-11682, 11632-11483, 11433-11285, 11235-11086, 11036-10888, 10838-10689, 10639-10491, 10443-10292. Frac in 39 stages w/ 12705840g slick water & 195000g of 7.5% HCL w/ 7817640# sand. RD Schlumberger 8/5/18. Turn well over to production for clean out, Flowback and test.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #442164 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 11/01/2018

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 _____

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 willfully
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Agency of the United States