

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

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

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 30-025-44101		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: 1H

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	17	24S	32E		271	SOUTH	245	EAST	LEA

11 Bottom Hole Location FTP- 353' FSL 925' FEL LTP- 450' FNL 990' FEL

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	8	24S	32E		335	NORTH	992	EAST	LEA
12 Lse Code F	13 Producing Method Code : F		14 Gas Connection Date: 9/7/18		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 12/27/17	22 Ready Date 8/25/18	23 TD 19366'M 9291'V	24 PBTD 19301'M 9290'V	25 Perforations 9451-19251'	26 DHC, MC
27 Hole Size	28 Casing & Tubing Size		29 Depth Set		30 Sacks Cement
17-1/2"	13-3/8"		918'		1264
12-1/4"	9-5/8"		11062'		5905
8-1/2"	5-1/2"		19350'		2621

V. Well Test Data

31 Date New Oil 8/28/18	32 Gas Delivery Date 9/7/18	33 Test Date 9/4/18	34 Test Length 24 HRS.	35 Tbg. Pressure	36 Csg. Pressure 1077
37 Choke Size 82/128	38 Oil 2246	39 Water 5082	40 Gas 3758		41 Test Method F

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:
11/13/18

Phone:
432-685-5936

OIL CONSERVATION DIVISION

Approved by:

Karen Sharp

Title:

Staff Mgr

Approval Date:

11-26-18

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.*HOBBS OGD
NOV 19 2018
RECEIVED**SUBMIT IN TRIPLICATE - Other instructions on page 2**

5. Lease Serial No. NMNM66925
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No. NMNM137099X
8. Well Name and No. MESA VERDE BONE SPRING UNIT 1H
9. API Well No. 30-025-44101
10. Field and Pool or Exploratory Area MESA VERDE BONE SPRING
11. County or Parish, State LEA COUNTY, NM

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator OXY USA INC.	
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com	
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T24S R32E Mer NMP SESE 271FSL 245FEL 32.210999 N Lat, 103.688979 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 recomple 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 6/30/18, RIH & clean out to PBTD @ 19301'. Pressure test csg to 9800# for 30 min, good test. RIH & perf @ 19251-19099, 19051-18898, 18845-18697, 18647-18496, 18446-18295, 18245-18094, 18046-17893, 17847-17692, 17639-17494, 17441-17290, 17240-17090, 17039-16892, 16838-16687, 16637-16486, 16436-16285, 16235-16084, 16034-15883, 15726-15577, 15632-15481, 15431-15280, 15230-15079, 15029-14878, 14828-14677, 14627-14476, 14426-14275, 14024-13873, 14024-13873, 13823-13673, 13622-13471, 13424-13270, 13223-13069, 13019-12868, 12815-12667, 12617-12466, 12416-12265, 12215-12064, 12014-11863, 11813-11664, 11611-11463, 11410-11264, 11209-11057, 11008-10858, 10801-10657, 10606-10456, 10405-10255, 10204-10054, 10003-9853, 9802-9652, 9601-9451'. Total 1176 holes. Frac in 49 stages w/ 652218g Slick Water + 106134g linear gel + 28350g 7.5% HCl acid w/ 18701852# sand, RD Schlumberger 8/12/18. RIH & clean out, flow to clean up and test well for potential.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #443817 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 11/13/2018

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

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED *****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: 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.		7. Unit or CA Agreement Name and No. NMNM137099X	
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		8. Lease Name and Well No. MESA VERDE BONE SPRING UNIT 1H	
3. Address P.O. BOX 50250 MIDLAND, TX 79710		9. API Well No. 30-025-44101	
3a. Phone No. (include area code) Ph: 432-685-5936		10. Field and Pool, or Exploratory MESA VERDE BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 17 T24S R32E Mer NMP SESE 271FSL 245FEL 32.210999 N Lat, 103.688979 W Lon At top prod interval reported below Sec 17 T24S R32E Mer NMP SESE 353FSL 925FEL 32.211230 N Lat, 103.691180 W Lon At total depth Sec 8 T24S R32E Mer NMP NENE 335FNL 992FEL 32.238380 N Lat, 103.691200 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R32E Mer NMP	
14. Date Spudded 12/27/2017		15. Date T.D. Reached 03/14/2018	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 08/25/2018		17. Elevations (DF, KB, RT, GL)* 3564 GL	
18. Total Depth: MD 19366 TVD 9291		19. Plug Back T.D.: MD 19301 TVD 9290	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) LITHO,BPL,CMR,SGR,HRLA,TCOM,GR,MAST,CNL,SONICSCAN	
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 Pilled
17.500	13.375 J55	54.5	0	918		1264	306	0	
12.250	9.625 L80	53.5	0	11062	4749	5905	1956	1985	
8.500	5.500 P110	23.0	0	19350		2621	743	4000	

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) BONE SPRING	9451	19251	9451 TO 19251	0.370	1176	ACTIVE
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
9451 TO 19251	652218G SLICKWATER + 28350G 7.5% HCL ACID + 106134G LINEAR GEL W/ 18701852# 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
08/28/2018	09/04/2018	24	→	2246.0	3758.0	5082.0			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	
82/128	SI	1077.0	→	2246	3758	5082	1673	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	
	SI		→						

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

ELECTRONIC SUBMISSION #443818 VERIFIED BY THE BLM WELL INFORMATION

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED

Documents pending BLM approvals will
subsequently be reviewed and scanned

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.)

SOLD

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	4676	5581	OIL, GAS, WATER	RUSTLER	865
CHERRY CANYON	5582	6865	OIL, GAS, WATER	SALADO	1192
BRUSHY CANYON	6866	8518	OIL, GAS, WATER	CASTILE	3213
BONE SPRING	8519	9291	OIL, GAS, WATER	DELAWARE	4652
				BELL CANYON	4676
				CHERRY CANYON	5582
				BRUSHY CANYON	6866
				BONE SPRING	8519

32. Additional remarks (include plugging procedure):

Logs were mailed 11/13/18.

Log Header, Directional Survey, As-Drilled Amended C-102 plat & 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 #443818 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Hobbs**

Name (please print) DAVID STEWARTTitle SR. REGULATORY ADVISORSignature (Electronic Submission)Date 11/13/2018

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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