

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

HOBBBS OCEANOGRAPHIC DATA
RECEIVED
AUG 22 2009

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. NMNM55953	
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 INCORPORATED		7. Unit or CA Agreement Name and No. NMNM137096X	
Contact: LESLIE REEVES E-Mail: LESLIE_REEVES@OXY.COM		8. Lease Name and Well No. MESA VERDE BS UNIT 22H	
3. Address P O BOX 4294 HOUSTON, TX 77210-4294		9. API Well No. 30-025-44559-00-S1	
3a. Phone No. (include area code) Ph: 713-497-2492		10. Field and Pool, or Exploratory MESA VERDE-BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 16 T24S R32E Mer NMP At surface SWSW 250FSL 1285FWL 32.210952 N Lat, 103.684032 W Lon Sec 16 T24S R32E Mer NMP At top prod interval reported below SESW 326FSL 2153FWL 32.211150 N Lat, 103.681230 W Lon Sec 9 T24S R32E Mer NMP At total depth NENW 14FSL 2153FWL 32.239240 N Lat, 103.681010 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 16 T24S R32E Mer NMP	
14. Date Spudded 06/06/2018		15. Date T.D. Reached 08/25/2018	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 11/20/2018		17. Elevations (DF, KB, RT, GL)* 3568 GL	
18. Total Depth: MD 20815 TVD 10522		19. Plug Back T.D.: MD 10763 TVD 10522	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR	
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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	964		1254	302	0	
12.250	9.625 L80	43.5	0	4721		1565	507	0	
8.500	5.500 P110	20.0	0	20806		2980	867	1547	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	10280	10280						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING 2ND	10565	20668	10565 TO 20668	0.000	1200	ACTIVE
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
10565 TO 20668	383220 BBLs SLICK WATER & 362 BBLs 7.5% HCL ACID W/ 20031633# 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
12/01/2018	12/28/2018	24	→	2008.0	3325.0	5557.0			
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
100/128	SI	532.0	→	2008	3325	5557	1656	POW	

28a. Production - Interval B

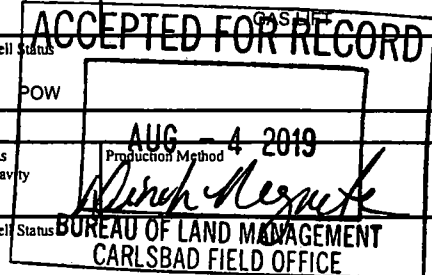
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

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

ELECTRONIC SUBMISSION #455372 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

Reclamation Due: 5/20/2019



K2

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	4737	5600	OIL, GAS, WATER	RUSTLER	901
CHERRY CANYON	5601	6888	OIL, GAS, WATER	SALADO	1230
BRUSHY CANYON	6889	8622	OIL, GAS, WATER	CASTILE	3279
BONE SPRING	8623	9744	OIL, GAS, WATER	DELAWARE	4709
BONE SPRING 1ST	9745	10302	OIL, GAS, WATER	BELL CANYON	4737
BONE SPRING 2ND	10303	10545	OIL, GAS, WATER	CHERRY CANYON	5601
				BRUSHY CANYON	6889
				BONE SPRING	8623

32. Additional remarks (include plugging procedure):

LOG HEADER, DIRECTIONAL SURVEY, AS-DRILLED C-102 PLAT 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 #455372 Verified by the BLM Well Information System.
For OXY USA INCORPORATED, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH HAM on 07/16/2019 (19DMH0132SE)

Name (please print) LESLIE REEVESTitle REGULATORY ADVISOR

Signature _____ (Electronic Submission)

Date 02/20/2019

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.

**** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ****

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☒ AMENDED REPORT
AS DRILLED

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-44559	Pool Code 96229	Pool Name Mesa Verde Bone Springs
Property Code 320828	Property Name MESA VERDE BONE SPRING UNIT	Well Number 22H
OGRID No 16696	Operator Name OXY USA INC.	Elevation 3568.2'

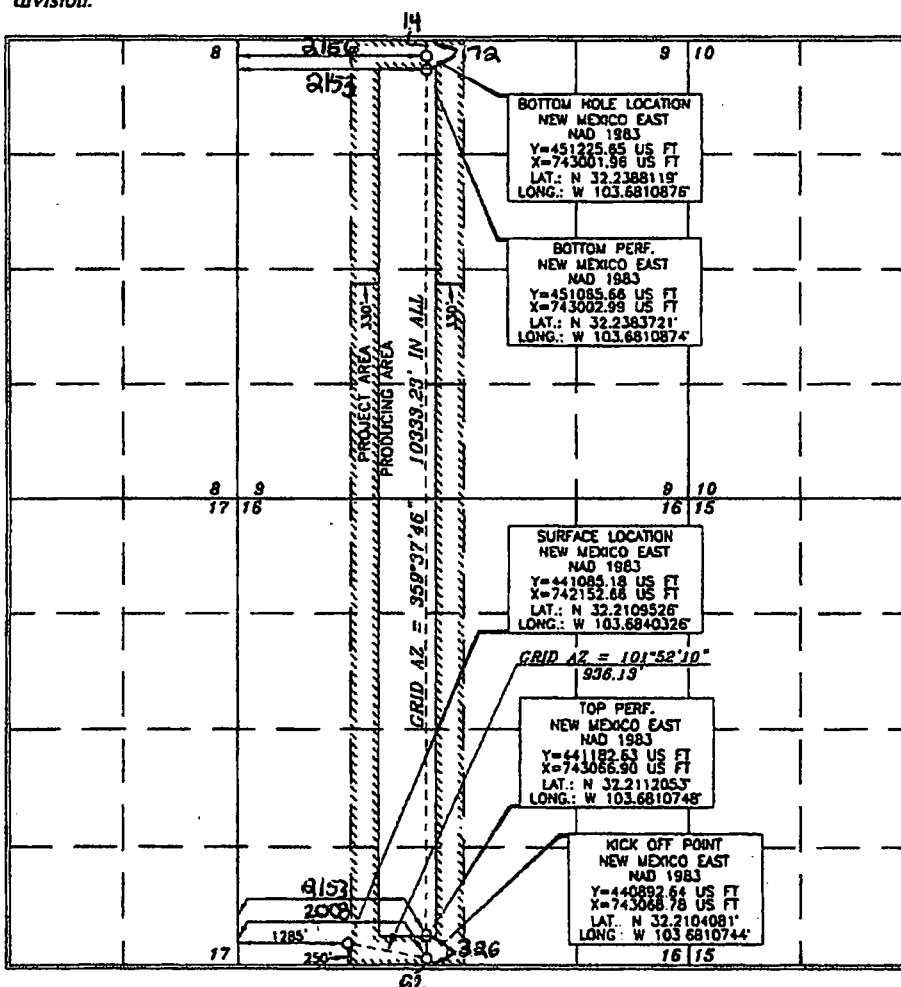
Surface Location

UL or lot no	Section	Township	Range	Lot 1st	Feet from the	North/South line	Feet from the	East/West line	County
M	16	24 SOUTH	32 EAST, N.M.P.M.		250'	SOUTH	1285'	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot no. C	Section 9	Township 24 SOUTH	Range 32 EAST, N M P.M.	Lot Idn	Feet from the 14	North/South line NORTH	Feet from the 2153	East/West line WEST	County LEA
Dedicated Acres 320		Joint or Infill	Consolidation Code	Order No.	TP/FTP: 326' FSL 2153' FWL BP// TP: 172' FNL 2153' FWL				

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and
complete to the best of my knowledge and belief, and that this
organization either owns a working interest or retained mineral
interest in the land including the proposed historic hole location or
has a right to drill this well at this location pursuant to a contract
with an owner of such a mineral or working interest, or to a
voluntary pooling arrangement or a compulsory pooling order.

Approved by the Chief

Bellevue 11/16/18

LESLIE REEVES

Printed Name: LESUE-REEVES@oxy.com

E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well shown on this plan was plotted from field notes of actual surveys made by me or under my express order, and that the same is true and correct to the best of my belief.

15079
JULY 3 2017

Date of Sub by

Signature and Seal of Professional Surveyor

T. B. Peterson

Certificate Number 15079

WOW 170703HZ (KAS)

Intent ☐ As Drilled ☒

API #
30-025-44559

Operator Name:	Property Name:	Well Number
OXY USA INC.	MESA VERDE BONE SPRING UNIT	22H

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
N	16	24S	32E		62	FSL	2008	FWL	LEA
Latitude					Longitude				NAD
32.21042					-103.68170				NAD83

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
N	16	24S	32E		326	FSL	2153	FWL	LEA
Latitude					Longitude				NAD
32.21115					-103.68123				NAD83

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
C	9	24S	32E		172	FNL	2153	FWL	LEA
Latitude					Longitude				NAD
32.23881					-103.68103				NAD83

Is this well the defining well for the Horizontal Spacing Unit? ☐

Is this well an infill well? ☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #		
Operator Name:	Property Name:	Well Number

KZ 06/29/2018