

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

NOBBS OCD  
SEP 2 3 2019  
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"/> Other		6. If Indian, Allottee or Tribe Name	
2. Name of Operator OXY USA INCORPORATED		7. <input checked="" type="checkbox"/> For CA Agreement Name and No.	
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		8. Lease Name and Well No. MESA VERDE UNIT 1H	
3. Address P O BOX 4294 HOUSTON, TX 77210-4294		9. API Well No. 30-025-44101-00-S1	
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 SESE 271FSL 245FEL 32.210999 N Lat, 103.688979 W Lon At top prod interval reported below SESE 353FSL 925FEL 32.211230 N Lat, 103.691180 W Lon At total depth 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 Pulled
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

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9451	19251	9451 TO 19251	0.000	1176	ACTIVE
B)						
C)						
D)						

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			FLOW FROM WELL
Choke Size	Tbg. Press. Flwg.	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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

ACCEPTED FOR RECORD  
SEP 13 2019  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

ELECTRONIC SUBMISSION #443818 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

Reclamation Due: 2/25/2019

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	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 &amp; 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 INCORPORATED, sent to the Hobbs  
Committed to AFMSS for processing by DINAH NEGRETE on 04/06/2019 (19DCN0069SE)

Name (please print) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (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.

**\*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\***

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Artesia, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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 <b>30-025-44101</b>	Pool Code <b>96229</b>	Pool Name <b>Mesa Verde Bone Spring</b>
Property Code <b>320828</b>	Property Name <b>MESA VERDE BS UNIT</b>	Well Number <b>1H</b>
OGRID No. <b>16696</b>	Operator Name <b>OXY USA INC.</b>	Elevation <b>3563.6'</b>

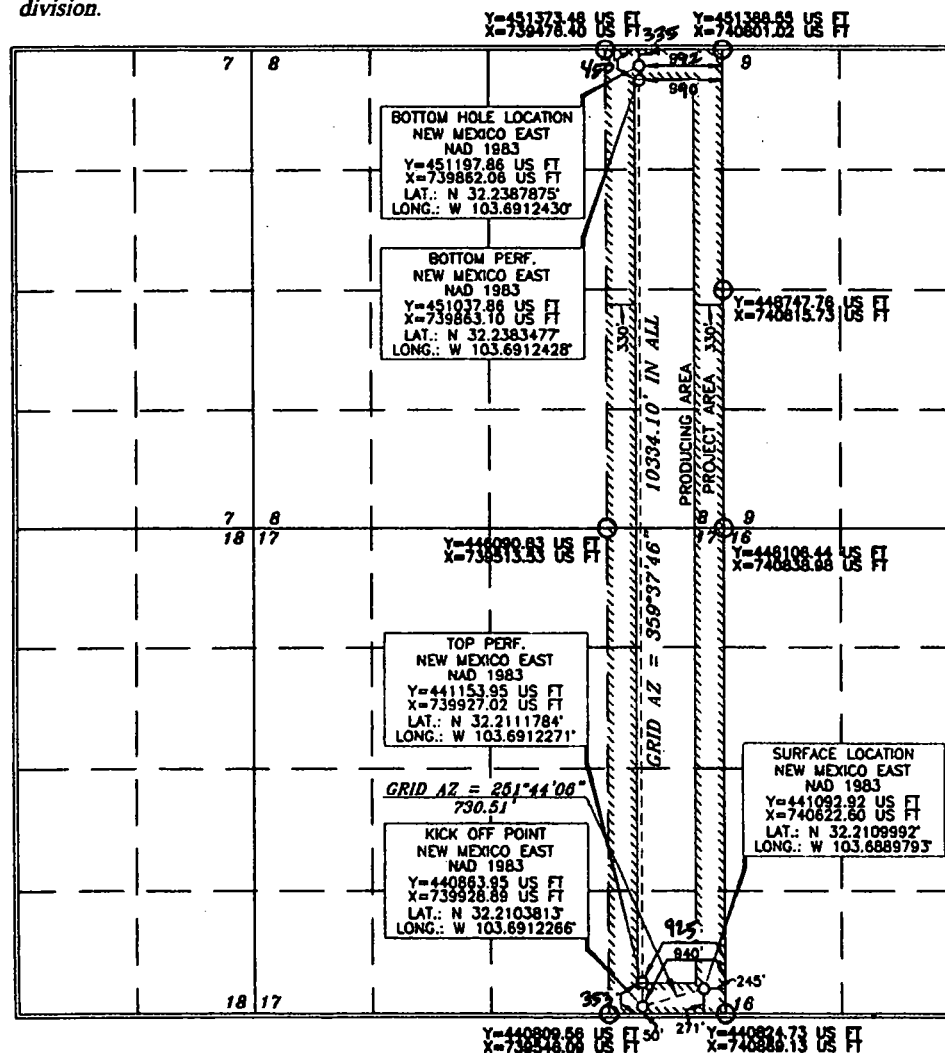
**Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	17	24 SOUTH	32 EAST, N.M.P.M.		271'	SOUTH	245'	EAST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	8	24 SOUTH	32 EAST, N.M.P.M.		335'	NORTH	992'	EAST	LEA
Dedicated Acres <b>320</b>	Joint or Infill <b>Y</b>	Consolidation Code	Order No.	<b>LTP - 450 FNL 990 FEL</b> <b>FTP - 353 FSL 925 FEL</b>					

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 undivided mineral interest in the land including the proposed bottom 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 agreement or a compulsory pooling order heretofore entered by the division.

Signature: [Signature] Date: 8/16/13  
Printed Name: Sara Mendisla  
E-mail Address: sara.mendisla@oxy.com

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was placed from actual surveys made by me under my supervision and that the same is true and correct to the best of my belief.

Date of Survey: SEPTEMBER 28, 2013  
Signature and Seal: [Signature]  
Professional Surveyor: [Seal]

Certificate Number: 15079