

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**

<sup>1</sup> Operator name and Address OXY USA INC. P.O. BOX 4294, HOUSTON, TX 77210		<sup>2</sup> OGRID Number 16696	
<sup>4</sup> API Number 30-025-45862		<sup>3</sup> Reason for Filing Code/ Effective Date - NW	
<sup>5</sup> Pool Name MESA VERDE WOLFCAMP		<sup>6</sup> Pool Code 98252	
<sup>7</sup> Property Code: 250829		<sup>8</sup> Property Name: MESA VERDE WC UNIT	
		<sup>9</sup> Well Number: 5H	

**II. <sup>10</sup> 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	17	24S	32E		280	SOUTH	2436	WEST	LEA

**<sup>11</sup> Bottom Hole Location**

FTP: 383' FSL 2170' FEL LTP: 199' FNL 2226' FEL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	8	24S	32E		22	NORTH	2223	EAST	LEA
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code : Lift	<sup>14</sup> Gas Connection Date: 09/18/2019	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
273222	GREAT LAKES PETROLOEUM TRANSPORTATION, LLC	O
151618	ENTERPRISE FIELD SERVICES LLC	G

**IV. Well Completion Data**

<sup>21</sup> Spud Date 05/18/2019	<sup>22</sup> Ready Date 09/19/2019	<sup>23</sup> TD 12211'V/22479'M	<sup>24</sup> PBT 12211'V/22468'M	<sup>25</sup> Perforations 12327'-22387'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
14-3/4"	10-3/4"	942'	908		
9-7/8"	7-5/8"	11567'	3988		
6-3/4"	5-1/2"	22445'	840		

**V. Well Test Data**

<sup>31</sup> Date New Oil 09/19/19	<sup>32</sup> Gas Delivery Date 09/19/19	<sup>33</sup> Test Date 10/02/19	<sup>34</sup> Test Length 24 Hours	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure 1978
<sup>37</sup> Choke Size 38/128	<sup>38</sup> Oil 3969	<sup>39</sup> Water 5325	<sup>40</sup> Gas 9870		<sup>41</sup> Test Method Gas Lift

<sup>42</sup> 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:  
LESLIE REEVES

Title:  
REGULATORY ADVISOR

E-mail Address:  
LESLIE\_REEVES@OXY.COM

Date: 12/19/19

Phone: 713-497-2492

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

*P. Martin*  
L.M.  
1/2/2020

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.		
3. Address PO BOX 4294 HOUSTON, TX 77210			8. Lease Name and Well No. MESA VERDE WC UNIT 5H		
3a. Phone No. (include area code) Ph: 713-491-1492			9. API Well No. 30-025-45862		
4. Location of Well (Report location clearly and in accordance with Federal requirements) At surface Sec 17 T24S R32E Mer SESW 280FSL 2436FWL 32.210984 N Lat, 103.697413 W Lon At top prod interval reported below Sec 17 T24S R32E Mer SWSE 383FSL 2170FEL 32.211260 N Lat, 103.695230 W Lon At total depth Sec 8 T24S R32E Mer NWNE 22FNL 2223FEL 32.239208 N Lat, 103.695317 W Lon			10. Field and Pool, or Exploratory MESA VERDE WOLFCAMP		
14. Date Spudded 05/18/2019			11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R32E Mer		
15. Date T.D. Reached 07/23/2019			12. County or Parish LEA		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 09/19/2019			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3560 GL					
18. Total Depth: MD 22479 TVD 12211			19. Plug Back T.D.: MD 22468 TVD 12211		
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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
14.750	10.750 J-55	45.5	0	942		908	220	0	
9.875	7.625 HCL-80	26.4	0	11567		3988	1246	0	
6.750	5.500 P-110	20.0	0	22445		840	205	11050	

## 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) WOLFCAMP	12327	22387	12327 TO 22387	0.360	1512	ACTIVE
B)						
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
12327 TO 22387	14070882G SLICKWATER & 21182096LBS 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
09/19/2019	10/02/2019	24	→	3969.0	9870.0	5325.0			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	
38/128	SI	1978.0	→	3969	9870	5325	1062	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 #497007 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

## 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.)  
CAPTURED

## 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
CHERRY CANYON	5572	6842		RUSTLER	860
BRUSHY CANYON	6843	8565		SALADO	1146
BONE SPRING	8566	9502		CASTILE	3232
BONE SPRING 1ST	9503	9924		DELAWARE	4669
BONE SPRING 2ND	9925	10836		CHERRY CANYON	5572
BONE SPRING 3RD	10837	12130		BRUSHY CANYON	6843
WOLFCAMP	12131	12224		BONE SPRING	8566
				BONE SPRING 1ST	9503

32. Additional remarks (include plugging procedure):  
Log Header, directional survey, WBD attached.

Tubing exception sundry submitted separately. (ES#496707)

## 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 #497007 Verified by the BLM Well Information System.  
For OXY USA INC, sent to the Hobbs

Name (please print) LESLIE REEVES

Title REGULATORY ADVISOR

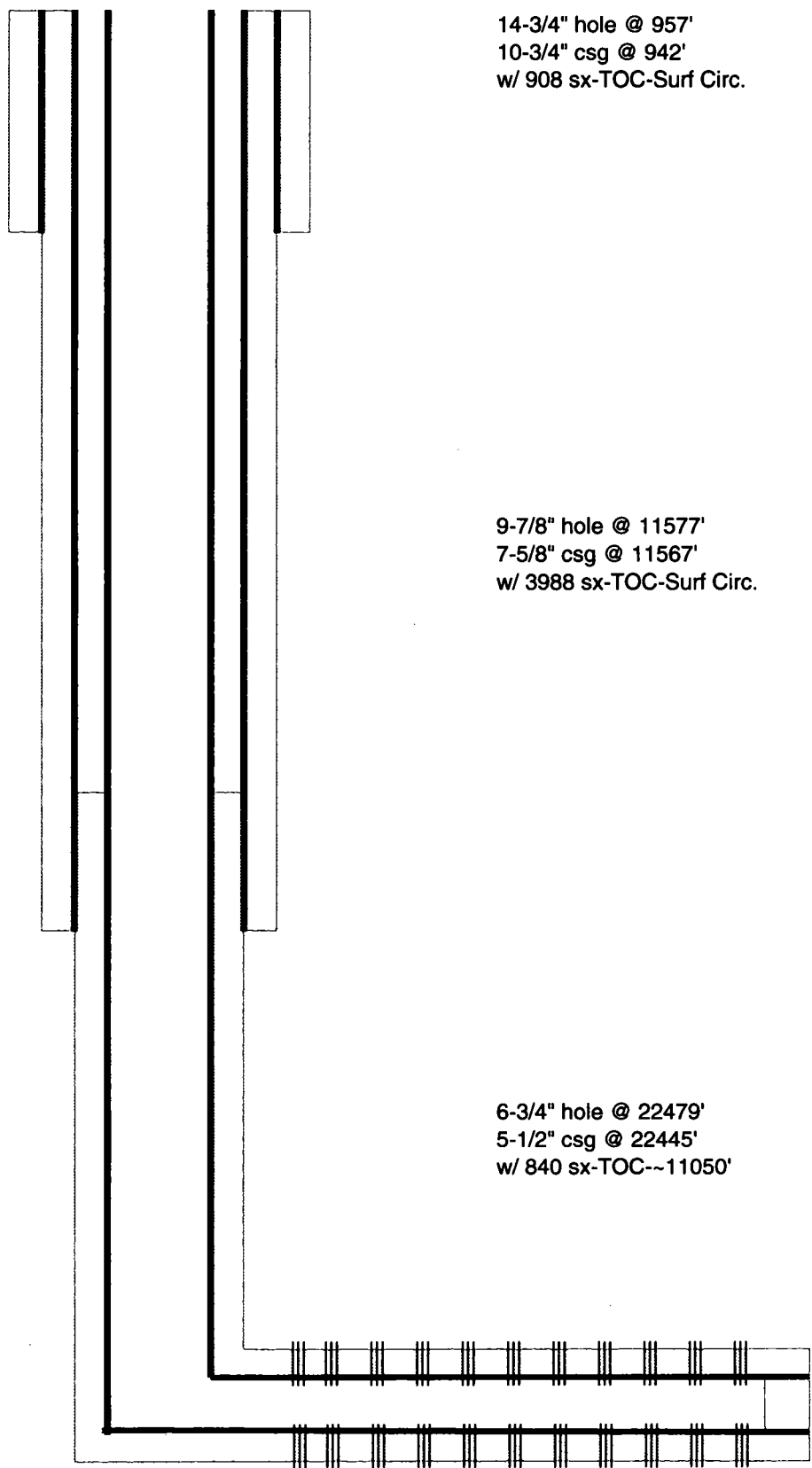
Signature (Electronic Submission)

Date 12/26/2019

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

OXY USA INC.  
Mesa Verde WC Unit #5H  
API No. 30-025-45862



14-3/4" hole @ 957'  
10-3/4" csg @ 942'  
w/ 908 sx-TOC-Surf Circ.

9-7/8" hole @ 11577'  
7-5/8" csg @ 11567'  
w/ 3988 sx-TOC-Surf Circ.

6-3/4" hole @ 22479'  
5-1/2" csg @ 22445'  
w/ 840 sx-TOC--~11050'

Perfs @ 12327'-22387'

TD- 22479' M 12211' V

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.*5. Lease Serial No.  
NMNM66925

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
MESA VERDE WC UNIT 5H9. API Well No.  
30-025-45862-00-X110. Field and Pool or Exploratory Area  
MESA VERDE11. County or Parish, State  
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
OXY USA INCORPORATEDContact: LESLIE REEVES  
E-Mail: LESLIE\_REEVES@OXY.COM3a. Address  
P O BOX 4294  
HOUSTON, TX 77210-42943b. Phone No. (include area code)  
Ph: 713-497-2424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 17 T24S R32E SESW 280FSL 2436FWL  
32.210983 N Lat, 103.697411 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Workover Operations
	<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 recomplete 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.

OXY USA Inc. respectfully requests a tubing exception for the below list of four wells while continuing to flow back. The estimated date of tubing install is shown below for each well.

Mesa Verde Wolfcamp Unit 5H, estimated tubing date 02/15/2020  
Mesa Verde Wolfcamp Unit 6H, estimated tubing date 02/15/2020  
Mesa Verde Wolfcamp Unit 7H, estimated tubing date 02/15/2020  
Mesa Verde Wolfcamp Unit 8H, estimated tubing date 02/15/2020

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #496707 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 12/19/2019 (20PP0742SE)	
Name (Printed/Typed) LESLIE REEVES	Title REGULATORY ADVISOR
Signature (Electronic Submission)	Date 12/19/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JONATHON SHEPARD Title PETROELUM ENGINEER	Date 12/19/2019
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 Hobbs

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)

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

# **Revisions to Operator-Submitted EC Data for Sundry Notice #496707**

	<b>Operator Submitted</b>	<b>BLM Revised (AFMSS)</b>
Sundry Type:	WRK NOI	WRK NOI
Lease:	NMNM66925	NMNM66925
Agreement:		
Operator:	OXY USA INC PO 4294 HOUSTON, TX 77210 Ph: 713-497-2492	OXY USA INCORPORATED P O BOX 4294 HOUSTON, TX 77210-4294 Ph: 713.366.5303
Admin Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Tech Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Location:		
State:	NM	NM
County:	LEA	LEA
Field/Pool:	MESA VERDE; WOLFCAMP	MESA VERDE
Well/Facility:	MESA VERDE WOLFCAMP UNIT 5H Sec 17 T24S R32E Mer NMP SESW 280FSL 2436FWL 32.210983 N Lat, 103.697411 W Lon	MESA VERDE WC UNIT 5H Sec 17 T24S R32E SESW 280FSL 2436FWL 32.210983 N Lat, 103.697411 W Lon