

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

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 4294 HOUSTON, TX 77210		² OGRID Number 16696
		³ Reason for Filing Code/ Effective Date - NW
⁴ API Number 30-015-45647	⁵ Pool Name INGLE WELLS; BONE SPRING	⁶ Pool Code 33740
⁷ Property Code: 324872	⁸ Property Name: PURE GOLD MDP1 29-17 FEDERAL COM	⁹ Well Number: 3H

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
N	29	23S	31E		430'	SOUTH	2500'	WEST	EDDY

¹¹ Bottom Hole Location FTP: 190' FSL 2226' FWL LTP: 2528' FSL 2121' FWL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	17	23S	31E		2633'	SOUTH	2113'	WEST	EDDY
¹² Lse Code F	¹³ Producing Method Code : F		¹⁴ Gas Connection Date: 7/7/2019		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
237722	CENTURION PIPELINE L.P.	O
151618	ENTERPRISE FIELD SERVICES LLC	G

IV. Well Completion Data

²¹ Spud Date 03/02/2019	²² Ready Date 07/12/2019	²³ TD 10065'V/23058'M	²⁴ PBSD 10065'V/23014'M	²⁵ Perforations 10095'-22978'	²⁶ DHC, MC
²⁷ Hole Size		²⁸ Casing & Tubing Size		²⁹ Depth Set	³⁰ Sacks Cement
17-1/2"		13-3/8"		667'	870
12-1/4"		9-5/8"		4214'	1274
8-1/2"		7-5/8"		9225'	467
6-3/4"		5-1/2"		23058'	1065
		2-3/8"		10433'	

V. Well Test Data

³¹ Date New Oil 7/21/2019	³² Gas Delivery Date 7/7/2019	³³ Test Date 7/25/2019	³⁴ Test Length 24-HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 967
³⁷ Choke Size 106/128	³⁸ Oil 3908	³⁹ Water 10811	⁴⁰ Gas 4811		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: *Leslie T. Reeves*

Printed name:
LESLIE REEVES

Title:
REGULATORY ADVISOR

E-mail Address:
LESLIE_REEVES@oxy.com

Date:
CORRECTED - 05/11/20

Phone:
713-497-2492

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

***DENIED**

***Per Rule: 19.15.5.9 COMPLIANCE:
Your company currently have 12
inactive wells from the 10
maximum allowed. ab**

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM0545035

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
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 _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator OXY USA INC			Contact: LESLIE REEVES E-Mail: LESLIE_REEVES@OXY.COM		
3. Address PO 4294 HOUSTON, TX 77046-0521			3a. Phone No. (include area code) Ph: 713-497-2492		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 29 T32S R31E Mer NMP SESW 430FSL 2500FWL 32.269359 N Lat, 103.800268 W Lon At top prod interval reported below Sec 29 T23S R31E Mer NMP SESW 190FSL 2226FWL 32.268840 N Lat, 103.801160 W Lon At total depth NESW 2633FSL 2113FWL 32.304418 N Lat, 103.801266 W Lon			8. Lease Name and Well No. PURE GOLD MDP1 29-17 FED COM 3H		
14. Date Spudded 03/02/2019			15. Date T.D. Reached 05/06/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/12/2019			9. API Well No. 30-015-45647		
18. Total Depth: MD 23058 TVD 10065			19. Plug Back T.D.: MD 23014 TVD 10065		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory INGLE WELLS; BONE SPRING		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR			11. Sec., T., R., M., or Block and Survey or Area Sec 29 T32S R31E Mer NMP		
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)			12. County or Parish EDDY		
23. Casing and Liner Record (Report all strings set in well)			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3357 GL			17. Elevations (DF, KB, RT, GL)* 3357 GL		

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 J-55	45.5	0	667		870	210	0	
12.250	9.625 HCL-80	43.5	0	4214		1274	377	0	
8.500	7.625 FJ/SF	26.4	0	9225		467	179	0	
6.500	5.500 SF TORQ	20.0	0	23058		1065	257	8725	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	0	10433						

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	10095	22978	10095 TO 22978	0.420	1350	ACTIVE
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
10095 TO 22978	2351760G SLICKWATER AND 2401246LBS SAND

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
07/21/2019	07/25/2019	24	→	3908.0	4811.0	10811.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
106/128	SI	967.0	→	3908	4811	10811		POW	

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		→						

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	4116	5048	OIL, GAS, WATER	RUSTLER	424
CHERRY CANYON	5049	5283	OIL, GAS, WATER	SALADO	736
BRUSHY CANYON	5284	7956	OIL, GAS, WATER	CASTILE	2643
BONE SPRING	7957	8838	OIL, GAS, WATER	DELAWARE	4095
1ST BONE SPRING	8839	9677	OIL, GAS, WATER	BELL CANYON	4116
2ND BONE SPRING	9678	9850	OIL, GAS, WATER	CHERRY CANYON	5049
				BRUSHY CANYON	6284
				BONE SPRING	7957

32. Additional remarks (include plugging procedure):

THIS IS TO CORRECT A PREVIOUSLY SUBMITTED COMPLETION REPORT. (ES#490167) TO CORRECT READY TO PRODUCE DATE, TD DATE REACHED.

LOG HEADER, DIRECTIONAL SURVEY, AS-DRILLED PLAT, SUPPLEMENTAL FORM 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 #514872 Verified by the BLM Well Information System.
For OXY USA INC, sent to the Carlsbad**

Name (please print) LESLIE REEVES Title REGULATORY ADVISOR

Signature _____ (Electronic Submission) Date 05/11/2020

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.