

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. NMNM17224		
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.			Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		
3. Address P.O. BOX 50250 MIDLAND, TX 79710			3a. Phone No. (include area code) Ph: 432-685-5936		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SWSW 252FSL 1292FWL 32.211033 N Lat, 104.010933 W Lon Sec 17 T24S R29E Mer NMP At top prod interval reported below NENW 282FNL 1530FWL 32.209560 N Lat, 104.010170 W Lon Sec 20 T24S R29E Mer NMP At total depth SESW 217FSL 1578FWL Sec 29 T24S R29E Mer NMP			8. Lease Name and Well No. SALT FLAT CC 20-29 FEDERAL COM 33H		
14. Date Spudded 11/02/2019			15. Date T.D. Reached 12/22/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/01/2020			9. API Well No. 30-015-45082		
18. Total Depth: MD 19991 TVD 9763			19. Plug Back T.D.: MD 19948 TVD 9763		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory PIERCE CROSSING BONE SPRG		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY			11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R29E 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)* 2942 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
14.750	10.750 J55	45.5	0	449		440	106	0	
9.875	7.625 HCL80	26.4	0	9163		2251	708	0	
6.750	5.500 P110	20.0	8982	19981		958	235	8982	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 3RD BONE SPRING	9847	19828	9847 TO 19828	0.420	1600	ACTIVE
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
9847 TO 19828	11165448G SLICK WATER + 15099361# SAND

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
03/11/2020	03/26/2020	24	→	2691.0	4612.0	6130.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
128/128	SI	1568.0	→	2961	4612	6130	1714	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		→						

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

ELECTRONIC SUBMISSION #514076 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

Verify date TD reached

10/28/2020 ab

12/8/20

AV

10/27/20- Request for NMOCD extension of time to file BLM-Approved form 3160-4. File 3160-4 within 10days to NMOCD after BLM approval

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
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
CHERRY CANYON	3721	4952	OIL, GAS, WATER	RUSTLER	211
BRUSHY CANYON	4953	6573	OIL, GAS, WATER	SALADO	609
BONE SPRING	6574	7513	OIL, GAS, WATER	CASTILE	1238
1ST BONE SPRING	7514	8318	OIL, GAS, WATER	DELAWARE	2803
2ND BONE SPRING	8319	9446	OIL, GAS, WATER	CHERRY CANYON	3721
3RD BONE SPRING	9447	9763	OIL, GAS, WATER	BRUSHY CANYON	4953
				BONE SPRING	6574
				1ST BONE SPRING	7514

32. Additional remarks (include plugging procedure):
 52. FORMATION (LOG) MARKERS CONTD.

2ND BONE SPRING 8319'M
 3RD BONE SPRING 9447'M

Gamma Ray Log, 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 #514076 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Carlsbad

Name(*please print*) JANA MENDIOLA Title REGULATORY SPECIALIST

Signature _____ (Electronic Submission) Date 05/04/2020

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.

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