

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNMOCD  
ArtesiaFORM 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			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 INCORPORATED			Contact: DAVID STEWART E-Mail: david_stewart@oxy.com		
3. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521			3a. Phone No. (include area code) Ph: 432.685.5717		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNW 250FNL 710FWL 32.267378 N Lat, 103.754341 W Lon At top prod interval reported below NWNW 250FNL 710FWL 32.267378 N Lat, 103.754341 W Lon At total depth NWNW 250FNL 710FWL 32.267378 N Lat, 103.754341 W Lon			8. Lease Name and Well No. CAL-MON 35 FEDERAL 41H		
14. Date Spudded 11/29/2016			15. Date T.D. Reached 01/13/2017		
16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. 01/22/2017			9. API Well No. 30-015-43140-00-X1		
18. Total Depth: MD 12010 TVD 12010			19. Plug Back T.D.: MD 9070 TVD 9070		
20. Depth Bridge Plug Set: MD 9570 TVD 9570			10. Field and Pool, or Exploratory WILDCAT-WOLFCAMP		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) ML\ISO\CB\IGRIC			11. Sec., T., R., M., or Block and Survey or Area Sec 35 T23S 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		
			13. State NM		
			17. Elevations (DF, KB, RT, GL)* 3456 GL		

## 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
18.500	16.000 J-55	84.0	0	742		700	167	0	
13.500	10.750 J-55	45.5	0	4402		2420	759	0	
9.875	7.625 L-80	29.7	0	11965	6062	3270	1566	0	

## 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) BONE SPRING						
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9070 TO 9570	120SX CL H CMT
10990 TO 11008	230SX THIXOTROPIC CMT FOLLOWED 442SX CL C CMT

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

## 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	
			→						

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

ELECTRONIC SUBMISSION #368903 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*  
DAVID R. GLASS  
PETROLEUM ENGINEERRECLAMATION DUE:  
JUL 22 2017

## 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.)  
UNKNOWN

## 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
RUSTLER	708	1013		RUSTLER	708
BELL CANYON	4406	5170	OIL, GAS, WATER	SALADO	1013
CHERRY CANYON	5171	6587	OIL, GAS, WATER	CASTILE	2483
BRUSHY CANYON	6588	8224	OIL, GAS, WATER	DELAWARE	4380
BONE SPRING	8225	9334	OIL, GAS, WATER	BELL CANYON	4406
BONE SPRING 1ST	9335	9516	OIL, GAS, WATER	CHERRY CANYON	5171
BONE SPRING 2ND	9517	10413	OIL, GAS, WATER	BRUSHY CANYON	6588
BONE SPRING 3RD	10414	11587	OIL, GAS, WATER	BONE SPRING	8225
WOLFCAMP	11588	12010	OIL, GAS, WATER	BONE SPRING 1ST	9335
				BONE SPRING 2ND	9517
				BONE SPRING 3RD	10414
				WOLFCAMP	11588

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

1ST BONE SPRING 9335' MD  
2ND BONE SPRING 9517' MD  
3RD BONE SPRING 10414' MD  
WOLFCAMP 11588' MD

COMMENTS:

## 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 #368903 Verified by the BLM Well Information System.**  
For OXY USA INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by DUNCAN WHITLOCK on 03/10/2017 (17DW0017SE)

Name (please print) DAVID STEWART

Title REGULATORY ADVISOR

Signature \_\_\_\_\_ (Electronic Submission)

Date 03/06/2017

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 \*\* REVISED \*\***