

Form 3160-4  
(August 2007)

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**

5. Lease Serial No.  
NMNM94651

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: APRIL SANTOS E-Mail: APRIL_HOOD@OXY.COM		
3. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521			3a. Phone No. (include area code) Ph: 713-366-5771		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SESE 601FSL 1201FEL 32.211935 N Lat, 104.001852 W Lon At top prod interval reported below SESE 247FSL 490FEL 32.210542 N Lat, 103.999578 W Lon At total depth NENE 23FNL 540FEL 32.239405 N Lat, 103.999677 W Lon			8. Lease Name and Well No. OXBOW CC 17-8 FEDERAL COM 36H		
14. Date Spudded 10/02/2019			15. Date T.D. Reached 12/19/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/07/2020			9. API Well No. 30-015-45088		
18. Total Depth: MD 20560 TVD 10138			19. Plug Back T.D.: MD 20511 TVD 10138		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory PURPLE SAGE WOLFCAMP		
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)* 2927 GL			17. Elevations (DF, KB, RT, GL)* 2927 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 J55	54.5	0	420		650	157	0	
9.875	7.625 HCL-80	26.4	0	9347		2470	810	0	
6.750	5.500 P-110	20.0	9151	20546		831	204	9151	

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) WOLFCAMP	10199	20415	10199 TO 20415	0.420	1695	ACTIVE
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
10199 TO 20415	383262 BBLS SLICKWATER, 1214 BBLS ACID AND 20435786 LBS SAND

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
03/13/2020	03/31/2020	24	→	2116.0	4432.0	6436.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
120	SI	1592.0	→	2116	4432	6436	2095	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
CHERRY CANYON	3763	4987	OIL, GAS, WATER	RUSTLER	290
BRUSHY CANYON	4987	6616	OIL, GAS, WATER	SALADO	606
BONE SPRINGS	6616	7605	OIL, GAS, WATER	CASTILLE	1218
1ST BONE SPRINGS	7605	8435	OIL, GAS, WATER	LAMAR	2850
2ND BONE SPRINGS	8435	9536	OIL, GAS, WATER	CHERRY CANYON	3763
3RD BONE SPRINGS	9536	10000	OIL, GAS, WATER	BRUSHY CANYON	4987
WOLFCAMP	10000		OIL, GAS, WATER	BONE SPRINGS	6616
				1ST BONE SPINGS	7605

32. Additional remarks (include plugging procedure):

52. CONT'D  
2ND BONE SPRINGS - 8435'  
3RD BONE SPRINGS - 9536'  
WOLFCAMP - 10000'

LOGS ATTACHED IN EDOCS 4/30/2020.

LOG HEADER, 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 #513695 Verified by the BLM Well Information System.  
For OXY USA INC., sent to the Carlsbad**

Name (please print) APRIL SANTOS

Title REGULATORY SPECIALIST

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

Date 05/01/2020

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.

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

**Additional data for transaction #513695 that would not fit on the form**

**32. Additional remarks, continued**

\*\*\* tubing exception filed 4/30/20 ? tubing attcipated to be installed between 6/1/20 and 6/15/20\*\*\*