

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.
NMNM117120

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 BOX 4294 HOUSTON, TX 77210			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 SESE 601FSL 1271FEL 32.211937 N Lat, 104.002078 W Lon Sec 17 T24S R29E Mer At top prod interval reported below SWSE 261FSL 1631FEL 32.211010 N Lat, 104.003210 W Lon Sec 17 T24S R29E Mer At total depth NWNE 19FNL 1650FEL 32.239432 N Lat, 104.003299 W Lon Sec 8 T24S R29E Mer			8. Lease Name and Well No. OXBOW CC 17-8 FEDERAL COM 34H		
14. Date Spudded 09/30/2019			15. Date T.D. Reached 12/01/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/07/2020			9. API Well No. 30-015-45086		
18. Total Depth: MD 20560 TVD 10064			19. Plug Back T.D.: MD 20512 TVD 10064		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory PURPLE SAGE WOLFCAMP(GAS)		
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)			11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R29E Mer		

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	54.5	0	429		650	157	0	
9.875	7.625 HCL-80	26.4	0	9353		2579	796	0	
6.750	5.500 P-110	20.0	9098	20547		797	196	9243	

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	10204	20452	10204 TO 20452	0.360	1700	ACTIVE
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
10204 TO 20452	373668BBLs SLICKWATER & 19964546LBS 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	03/31/2020	24	→	2680.0	5552.0	6200.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
116/124	SI	1960.0	→	2680	5552	6200		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.)
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	3769	4967		RUSTLER	290
BRUSHY CANYON	4968	6617		SALADO	603
BONE SPRING	6618	7611		CASTILE	1188
BONE SPRING 1ST	7612	8444		DELAWARE	2851
BONE SPRING 2ND	8445	9500		CHERRY CANYON	3769
BONE SPRING 3RD	9501	9921		BRUSHY CANYON	4968
WOLFCAMP	9922	20560		BONE SPRING	6618
				1ST BONE SPRING	7612

32. Additional remarks (include plugging procedure):
Log Header, directional survey, WBD 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 #513662 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 05/01/2020

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.

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