

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTEMNRD-OCD ARTESIA
REC'D: 6/11/2020FORM 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 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 _____				5. Lease Serial No. NMNM0545035	
2. Name of Operator OXY USA INC Contact: LESLIE REEVES E-Mail: LESLIE_REEVES@OXY.COM				6. If Indian, Allottee or Tribe Name 7. Unit or CA Agreement Name and No.	
3. Address PO 4294 HOUSTON, TX 77046-0521		3a. Phone No. (include area code) Ph: 713-497-2492		8. Lease Name and Well No. PURE GOLD MDP1 29-17 FED COM 3H 9. API Well No. 30-015-45647	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 29 T32S R31E Mer NMP At surface SESW 430FSL 2500FWL 32.269359 N Lat, 103.800268 W Lon Sec 29 T23S R31E Mer NMP At top prod interval reported below SESW 190FSL 2226FWL 32.268840 N Lat, 103.801160 W Lon Sec 17 T23S R31E Mer NMP At total depth NESW 2633FSL 2113FWL 32.304418 N Lat, 103.801266 W Lon				10. Field and Pool, or Exploratory INGLE WELLS; BONE SPRING 11. Sec., T., R., M., or Block and Survey or Area Sec 29 T32S R31E Mer NMP 12. County or Parish EDDY 13. State NM	
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	
17. Elevations (DF, KB, RT, GL)* 3357 GL		18. Total Depth: MD 23058 TVD 10065 19. Plug Back T.D.: MD 23014 TVD 10065 20. Depth Bridge Plug Set: MD TVD			
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)

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	

24. Tubing Record

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						

25. Producing Intervals

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)						

26. Perforation Record

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

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

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
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	

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.	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 #514872 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

AB 6/24/2020

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

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
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(<i>please print</i>) <u>LESLIE REEVES</u>	Title <u>REGULATORY ADVISOR</u>
Signature _____ (Electronic Submission)	Date <u>05/11/2020</u>

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.