

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

FORM APPROVED  
OMB NO. 1004-0137  
Expires: March 31, 2007

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Other		5. Lease Serial No. <b>NWNNM0417696</b>							
b. Type of Completion: <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other <b>D&amp;A</b>		6. If Indian, Allottee or Tribe Name							
2. Name of Operator <b>OXY USA Inc.</b>		7. Unit or CA Agreement Name and No.							
3. Address <b>P.O. Box 50250 Midland TX 79710</b>		8. Lease Name and Well No. <b>Lost Tank 3 Federal #24</b>							
3a. Phone No. (include area code) <b>432-685-5717</b>		9. API Well No. <b>30-015-40769</b>							
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface <b>845 FNL 887 FNL NWNW (4)</b> At top prod. interval reported below At total depth		10. Field and Pool, or Exploratory <b>Lost Tank Wolfcamp</b>							
14. Date Spudded <b>11/23/12</b>		11. Sec., T., R., M., on Block and Survey or Area <b>Sec 3 T22S R31E</b>							
15. Date T.D. Reached <b>11/23/12</b>		12. County or Parish <b>Eddy</b>							
16. Date Completed <input checked="" type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.		13. State <b>NM</b>							
17. Elevations (DF, RKB, RT, GL)* <b>3471.4' GL</b>									
18. Total Depth: MD <b>TVD 750'</b>		19. Plug Back T.D.: MD <b>TVD 707'</b>							
20. Depth Bridge Plug Set: MD <b>TVD</b>									
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) <b>None</b>		22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)							
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
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>48#</b>	<b>0</b>	<b>750'</b>	<b>-</b>	<b>840-C</b>	<b>230</b>	<b>Surface</b>	<b>N/A</b>
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	Perforation Record		Size	No. Holes	Perf. Status	
A)									
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, etc.									
Depth Interval		Amount and Type of Material							
<b>0-707'</b>		<b>500x CLC cement</b>							
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 page 2)

## 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.)

## 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

## 32. Additional remarks (include plugging procedure):

Due to surface casing problems, this well was plugged.

## 33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.)    ☐ Geologic Report    ☐ DST Report    ☐ Directional Survey  
☐ Sundry Notice for plugging and cement verification    ☐ Core Analysis    ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) David StewartTitle Res. AdvisorSignature [Signature]Date 2/5/13

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.