

NM OIL CONSERVATION

ARTESIA DISTRICT

OCD Artesia
FEB 23 2015

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

RECEIVED

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.		8. Lease Name and Well No. CEDAR CANYON 15 FEDERAL COM 5H	
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com			
3. Address P.O. BOX 50250 MIDLAND, TX 79710.		9. API Well No. 30-015-42421	
3a. Phone No. (include area code) Ph: 432-685-5936			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNW 1095FNL 290FWL 32.221751 N Lat, 103.979488 W Lon At top prod interval reported below NWNW 835FNL 1194FWL At total depth NENE 654FNL 153FEL 32.222911 N Lat, 103.963850 W Lon		10. Field and Pool, or Exploratory PIERCECROSSINGBONESPRNG,E	
		11. Sec., T., R., M., or Block and Survey or Area Sec 15.T24S R29E Mer	
		12. County or Parish EDDY	
		13. State NM	
14. Date Spudded 10/14/2014		15. Date T.D. Reached 10/31/2014	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/11/2014		17. Elevations (DF, KB, RT, GL)* 2927 GL	
18. Total Depth: MD 13508 TVD 8809		19. Plug Back T.D.: MD 13421 TVD 8809	
20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) MWD/CBLGR		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
14.750	11.750 J55	47.0	0	380	0	796	208	0	0
10.625	8.625 J55	32.0	0	2937	0	930	265	0	0
7.875	5.500 P110	17.0	0	13508	0	1120	570	0	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)
2.875	7948	7948						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 2ND BONE SPRING	9563	13319	9563 TO 13319			OPTI-PORT SLEEVES
B)						
C)						
D)						

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

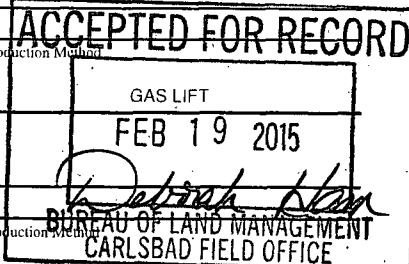
Depth Interval	Amount and Type of Material
9563 TO 13319	15120G 15% HCL ACID + 3138504G 18# BXL + 137160G TRT WTR W/ 3610643# SAND

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
12/22/2014	01/09/2015	24	→	936.0	1836.0	600.0			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
26/64	1050		→	936	1836	600		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. 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 #288487 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

Due: 7/9/15

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
BELL CANYON	2962	3672	OIL, GAS, WATER	RUSTLER	375
CHERRY CANYON	3673	5075	OIL, GAS, WATER	SALADO	940
BRUSHY CANYON	5076	6652	OIL, GAS, WATER	CASTILE	2411
BONE SPRING	6653	7679	OIL, GAS, WATER	LAMAR	2930
1ST BONE SPRING	7680	8544	OIL, GAS, WATER	BELL CANYON	2962
2ND BONE SPRING	8545	8809	OIL, GAS, WATER	CHERRY CANYON	3673
				BRUSHY CANYON	5076
				BONE SPRING	6653

32. Additional remarks (include plugging procedure):

52. Formation (Log) Markers contd:

1st Bone Spring 7680 Top (MD)
2nd Bone Spring 8545 Top (MD)

Logs were mailed 1/19/15. Continuous hard copy logs for Mud Log & 5" Gamma Ray to follow.

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 #288487 Verified by the BLM Well Information System.
For OXY USA INC., sent to the Carlsbad

Name(please print) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 01/19/2015

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 #288487 that would not fit on the form

32. Additional remarks, continued

Log Header, Directional survey, As-Drilled Amended C-102 plat, & WBD are attached.