

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

JAN 14 2020

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG CD ARTESIA

Lease Serial No.  
NMNM0545035

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: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM		
3. Address P.O. BOX 4294 HOUSTON, TX 77210			3a. Phone No. (include area code) Ph: 713-350-4997		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 29 T23S R31E Mer NMP SWSW 690FSL 1025FWL 32.270073 N Lat, 103.805041 W Lon At top prod interval reported below Sec 29 T23S R31E Mer NMP SWSW 124FSL 1230FWL 32.268510 N Lat, 103.804390 W Lon At total depth Sec 17 T23S R31E Mer NMP NWSW 2606FSL 1183FWL 32.304417 N Lat, 103.804309 W Lon			8. Lease Name and Well No. PURE GOLD MDP1 29-17 FEDERAL C 2H		
14. Date Spudded 02/28/2019			15. Date T.D. Reached 05/13/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/25/2019			9. API Well No. 30-015-45646		
18. Total Depth: MD 22889 TVD 9838			19. Plug Back T.D.: MD 22843 TVD 9838		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory INGLE WELLS BONE SPRING		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY, MUD LOG			11. Sec., T., R., M., or Block and Survey or Area Sec 29 T23S R31E 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		
			13. State NM		
			17. Elevations (DF, KB, RT, GL)* 3349 GL		

## 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
6.750	5.500 SF TORQ	20.0		22843		1010	259	8700	
17.500	13.375 J-55	45.5	0	661		871	211	0	
12.250	9.625 HCL-80	43.5	0	4197		1175	375	0	
8.500	7.625 FJ/SF	26.4	0	9007		474	147	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)

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9793	22800	9793 TO 22800	0.420	1920	ACTIVE
B)						
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
9793 TO 22800	24080868GAL SLICKWATER AND 23817307# 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
07/08/2019	07/11/2019	24	→	3598.0	3254.0	11233.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
128/128	SI	934.0	→	3598	3254	11233		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 #490141 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

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## 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	4119	5022	OIL, GAS, WATER	RUSTLER	426
CHERRY CANYON	5023	6276	OIL, GAS, WATER	SALADO	735
BRUSHY CANYON	6277	7990	OIL, GAS, WATER	CASTILE	2641
BONE SPRING	7991	8815	OIL, GAS, WATER	DELAWARE	4092
1ST BONE SPRING	8816	9300	OIL, GAS, WATER	BELL CANYON	4119
2ND BONE SPRING	9301	9838	OIL, GAS, WATER	CHERRY CANYON	5023
				BRUSHY CANYON	6277
				BONE SPRING	7991

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

LOG HEADER, DIRECTIONAL SURVEY, AS DRILLED C-102, SUPPLEMENTAL AND 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 #490141 Verified by the BLM Well Information System.  
For OXY USA INC., sent to the Carlsbad

Name (please print) SARAH CHAPMAN

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 10/29/2019

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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