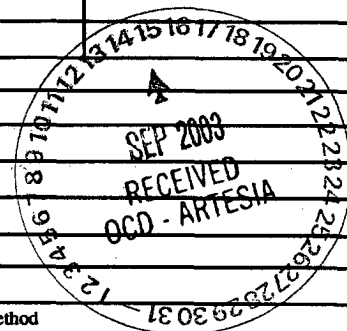


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: November 30, 2000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

| | | | | | | | | | | |
|---|----------------------------|-----------------------------|-------------------------|----------------|---|---------------------------------|----------------------|-----------------------|-------------------|--|
| 1a. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Dry Other | | | | | | | | | | 5. Lease Serial No. NM0455265 |
| 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 | | | | | | | | | | 6. If Indian, Allottee or Tribe Name |
| 2. Name of Operator OXY USA WTP Limited Partnership | | | | | | | | | | 7. Unit or CA Agreement Name and No. |
| 3. Address P.O. Box 50250 Midland, TX 79710-0250 | | | | | 3a. Phone No. (include area code) 432-685-5717 | | | | | 8. Lease Name and Well No. OXY Jet Deck Federal #1 |
| 4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 660 FSL 810 FWL SWSW(M) At top prod. interval reported below At total depth | | | | | | | | | | 9. API Well No. 30-015-32610 |
| 14. Date Spudded 6/2/03 | | | | | | | | | | 10. Field and Pool, or Exploratory Undsg Avalon Morrow |
| 15. Date T.D. Reached 6/29/03 | | | | | 16. Date Completed <input checked="" type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. | | | | | 11. Sec., T., R., M., or Block and Survey or Area Sec 15 T20S R27E |
| 18. Total Depth: MD TVD 11100' | | | | | 19. Plug Back T.D.: MD TVD --- | | | | | 12. County or Parish Eddy |
| | | | | | | | | | | 13. State NM |
| 21. Type Electric & Other Mechanical Logs Run (Submit copy of each) DLL/MLL/CZDL/CNL/GRL | | | | | | | | | | 17. Elevations (DF, RKB, RT, GL)* 3299' |
| 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 report) Directional Survey? <input checked="" 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 Sks. & Type of Cement | Slurry Vol. (BBL) | Cement Top* | Amount Pulled | |
| 17-1/2" | 13-3/8" | 48# | 0 | 640' | --- | 1175 | | Surface | N/A | |
| 12-1/4" | 9-5/8" | 36-40# | 0 | 3015' | --- | 875 | | Surf-Circ | N/A | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | | | 26. Perforation Record | | | | | |
| Formation | Top | Bottom | Perforated Interval | | Size | No. Holes | Perf. Status | | | |
| A) | | | | | | | | | | |
| B) | | | | | | | | | | |
| C) | | | | | | | | | | |
| D) | | | | | | | | | | |
| 27. Acid, Fracture, Treatment, Cement Squeeze, Etc. | | | | | | | | | | |
| Depth Interval | | Amount and Type of Material | | | | | | | | |
| 10380-10230' | | 65sx C1 H cmt | | | | | | | | |
| 8390-8050' | | 150sx C1 H cmt w/ 1% CaCl2 | | | | | | | | |
| 6300-6200' | | 40sx C1 C cmt | | | | | | | | |
| 4042-3942' | | 45sx C1 C cmt | | | | | | | | |
| 28. Production - Interval A | | | | | | | | | | |
| Date First Produced --- | Test Date | Hours Tested | Test Production → | Oil BBL | Gas MCF | Water BBL | Oil Gravity | Gas Gravity | Production Method | |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. → | Oil BBL | Gas MCF | Water BBL | Gas: Oil Ratio | Well Status P&A | | |
| 28a. Production - Interval B | | | | | | | | | | |
| Date First Produced | Test Date | Hours Tested | Test Production → | Oil BBL | Gas MCF | Water BBL | Oil Gravity | Gas Gravity | Production Method | |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. → | Oil BBL | Gas MCF | Water BBL | Gas: Oil Ratio | Well Status | | |



28b. Production - Interval C

| Date First Produced | Test Date | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity | Gas Gravity | Production Method |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|----------------|-------------|-------------------|
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. | 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 | Gas Gravity | Production Method |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|----------------|-------------|-------------------|
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. | 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 |
| | | | | Bone Springs | 4042' |
| | | | | Wolfcamp | 8390' |
| | | | | Morrow | 10380' |

32. Additional remarks (include plugging procedure):

125sx C1 C cmt @ 3065-2795'
 35sx C1 C cmt @ 690-590'
 Circ cmt to surface @ 60'

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)*

Name (please print) David StewartTitle Sr. Regulatory AnalystSignature Date 9/12/03

**McVAY DRILLING COMPANY**

Post Office Box 924
Hobbs, New Mexico 88241
(505) 397-3311
FAX: 39-DRILL

Well Name and Number: Jet Deck Fed #1

Location: Sec. 15, T20S, R27E

Operator: OXY

Drilling Contractor: McVay Drilling Company

The undersigned certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results:

| Degrees @ Depth | | Degrees @ Depth | | Degrees @ Depth | |
|-----------------|------|-----------------|------|-----------------|-------|
| 1/4 | 206 | 1 3/4 | 5408 | 3 3/4 | 9364 |
| 1/2 | 413 | 1 3/4 | 5626 | 2 1/2 | 9518 |
| 1 1/4 | 599 | 2 1/2 | 5910 | 2 | 9672 |
| 1/2 | 845 | 2 1/2 | 6131 | 2 3/4 | 9735 |
| 3/4 | 1352 | 2 1/4 | 6449 | 2 1/2 | 10309 |
| 3/4 | 1853 | 2 1/2 | 6575 | 1 | 10709 |
| 3/4 | 2351 | 2 | 6903 | 1 3/4 | 11100 |
| 2 | 2857 | 1 | 8172 | | |
| 2 1/4 | 3352 | 2 | 8646 | | |
| 2 | 3572 | 4 | 8897 | | |
| 2 | 4040 | 4 1/4 | 8991 | | |
| 2 3/4 | 4538 | 4 1/4 | 9086 | | |
| 2 1/2 | 4766 | 4 | 9179 | | |
| 2 1/4 | 5192 | 3 1/2 | 9272 | | |



Drilling Contractor: McVay Drilling Company

By: Joe Koyan

Subscribed and sworn to before me this 7th day of July, 2003

Tim Hemen
Notary Public

My Commission Expires 8-16-05

Lea County, New Mexico