

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED
FOOD Artesia
FEB 20 2013
NMOOD ARTESIA

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

1. Type of Well Oil Well Gas Well Dry Other

2. Type of Completion: New Well Work-Over Deepen Plug-Back Diff. Resrv.;
Other D&A

3. Name of Operator OXY USA Inc. 16696

3. Address P.O. Box 50250 Midland TX 79710 3a. Phone No. (include area code) 432-685-5717

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface 845 FNL 887 FWL NWNW(4)
At top prod. interval reported below
At total depth

5. Lease Serial No. NMNM0417696

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Lease Name and Well No. Lost Tank 3 Federal #24

9. AFI Well No. 30-015-40769

10. Field and Pool, or Exploratory Lost Tank Wolfcamp

11. Sec., T., R., M., on Block and Survey or Area Sec 3 T2S R31E

12. County or Parish Eddy 13. State NM

14. Date Spudded 11/23/12 15. Date T.D. Reached 11/23/12 16. Date Completed D & A Ready to Prod.

17. Elevations (DF, RKB, RT, GL)* 3471.4' GL

18. Total Depth: MD TVD 750' 19. Plug Back T.D.: MD TVD 707' 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) None

22. Was well cored? No Yes (Submit analysis)
Was DST run? No Yes (Submit report)
Directional Survey? No 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 7/8"	48#	0	750'	-	840-C	230	Surface	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

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A)						
B)						
C)						
D)						

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status

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

Depth Interval	Amount and Type of Material
0-707'	500 SK CLC cmt

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
			→						

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
			→						

ACCEPTED FOR RECORD
FEB 16 2013
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

*(See instructions and spaces for additional data on page 2)

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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 Cor. 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 Cor. 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

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CARLSBAD OFFICE

2013 FEB 11 PM 3:44

RES-11-10

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 Stewart Title Res. Advisor

Signature [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.