

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87504	State of New Mexico Energy, Minerals and Natural Resources HOBBS OCD Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 JAN 10 2013	Form C-105 Revised August 1, 2011
1. WELL API NO. <p style="text-align: right; font-size: 1.2em;">30-025-40720</p>		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN
3. State Oil & Gas Lease No.		6. Well Number: <p style="text-align: center; font-size: 1.2em;">3H</p>

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing: RECEIVED <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)	5. Lease Name or Unit Agreement Name <p style="text-align: center; font-size: 1.2em;">NBR</p>
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER	6. Well Number: <p style="text-align: center; font-size: 1.2em;">3H</p>

8. Name of Operator <p style="text-align: center; font-size: 1.2em;">OXY USA Inc.</p>	9. OGRID <p style="text-align: center; font-size: 1.2em;">16696</p>
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10. Address of Operator <p style="text-align: center; font-size: 1.2em;">P.O. Box 50250 Midland, TX 79710</p>	11. Pool name or Wildcat <p style="text-align: center; font-size: 1.2em;">Red Tank Bone Springs, East</p>
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12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	18	22S	33E		340	South	350	West	Lea
BH:	D	18	22S	33E		342	north	333	West	Lea

13. Date Spudded 8/29/12	14. Date T.D. Reached 9/21/12	15. Date Rig Released 9/25/12	16. Date Completed (Ready to Produce) 12/28/12	17. Elevations (DF and RKB, RT, GR, etc.) 3671.1 GL
18. Total Measured Depth of Well 14229' M 9905' U		19. Plug Back Measured Depth 14075' M 9909' V		20. Was Directional Survey Made? Yes
21. Type Electric and Other Logs Run TDL/HR/LA/MCFL/HWS/LG				

22. Producing Interval(s), of this completion - Top, Bottom, Name
 10364-14044' Bone Springs

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 7/8"	48# H40	1015'	17 1/2"	1160 - Surf Circ	NA
9 5/8"	40# J55	4970'	12 1/4"	2255 - 240'-TS	NA
5 1/2"	17# L80	14207'	8 1/2"	2440 - 600'-CB	NA

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	9130'	9130'

26. Perforation record (interval, size, and number) 6 SPFH @ 10364-10844, 11004-11484, 11644-12124, 12284-12764, 12924-13404, 13564-14044' Total 240 holes	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 10364-14044' 25000 gal 15% HCl Acid + 19234 gal Linear fluid + 104875 gal BXL fluid @ 67 lb/cool sl.
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28. PRODUCTION

Date First Production 12/28/12	Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing	Well Status (Prod. or Shut-in) Prod.					
Date of Test 1/5/13	Hours Tested 24	Choke Size 26164	Prod'n For Test Period	Oil - Bbl 159	Gas - MCF 271	Water - Bbl. 662	Gas - Oil Ratio 1709
Flow Tubing Press. 315	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. 159	Gas - MCF 271	Water - Bbl. 662	Oil Gravity - API - (Corr.) 40.0	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold	30. Test Witnessed By D. Kendrick
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31. List Attachments
 C103, C104, Directional Survey, WBD, Logs

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.

33. If an on-site burial was used at the well, report the exact location of the on-site burial:

Latitude _____ Longitude _____ NAD 1927 1983

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Printed Name **David Stewart** Title **Regulatory Advisor** Date **1/6/13**

E-mail Address **david_stewart@oxy.com**

