

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 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address OXY USA INC. P.O. BOX 4294 HOUSTON, TX 77210		² OGRID Number 16696
⁴ API Number 30-025-44064		³ Reason for Filing Code/ Effective Date - NW
⁵ Pool Name MESA VERDE; BONE SPRING	⁶ Pool Code 96229	
⁷ Property Code: 320828	⁸ Property Name: MESA VERDE BONE SPRING UNIT	⁹ Well Number: 4H

II. ¹⁰ Surface Location

Ul or lot no. P	Section 17	Township 24S	Range 32E	Lot Idn	Feet from the 280	North/South Line SOUTH	Feet from the 965	East/West line EAST	County LEA
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¹¹ Bottom Hole Location FTP- 343' FSL 442' FEL LTP- 349' FNL 502' FEL

UL or lot no. A	Section 8	Township 24S	Range 32E	Lot Idn	Feet from the 185	North/South line NORTH	Feet from the 102	East/West line EAST	County LEA
¹² Lse Code F	¹³ Producing Method Code : F	¹⁴ Gas Connection Date: 5/15/18	¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date			

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	GREAT LAKES PETROLEUM TRANSPORTATION, LLC	O
151618	ENTERPRISE FIELD SERVICES LLC HOBBS OCD AUG 09 2018	G

IV. Well Completion Data

²¹ Spud Date 1/25/18	²² Ready Date 5/10/18	²³ TD 10447'V/20545'M	²⁴ PBD 10447'V/20483'M	²⁵ Perforations 10483'-20385'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2"	13-3/8"	980'	1712		
12-1/4"	9-5/8"	4735'	2060		
8-1/2"	5-1/2"	20532'	3050		

V. Well Test Data

³¹ Date New Oil 5/14/18	³² Gas Delivery Date 5/15/18	³³ Test Date 5/19/18	³⁴ Test Length 24 HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 1038
³⁷ Choke Size 128/128	³⁸ Oil 3021	³⁹ Water 10915	⁴⁰ Gas 4338	⁴¹ Test Method FLOWING	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Sarah Chapman*

Printed name:
SARAH CHAPMAN

Title:
REGULATORY SPECIALIST

E-mail Address:
sarah_chapman@oxy.com

Date:
08/07/18

Phone:
713-350-4997

Approved by: *Karen Sharp*

Title: *Staff Mgr*

Approval Date:
8-9-18

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM66925

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.
NMNM137096X

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
MESA VERDE BS UNIT 4H

2. Name of Operator
OXY USA INC

Contact: SARAH CHAPMAN
E-Mail: SARAH_CHAPMAN@OXY.COM

9. API Well No.
30-025-44064

3a. Address
P.O. BOX 4294
HOUSTON, TX 77210

3b. Phone No. (include area code)
Ph: 713-350-4997

10. Field and Pool or Exploratory Area
MESA VERDE BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 17 T24S R32E SESE 280FSL 965FEL
32.211013 N Lat, 103.691307 W Lon

AUG 09 2018

11. County or Parish, State

LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE TYPE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Water Disposal

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

RUPU 4/17/18, RIH & clean out to PBD @ 20483'. Pressure test csg to 9800# for 30 min, good test. RIH & perf @ 20385-20234, 20185-20035, 19986-19836, 19787-19637, 19588-19439, 19347-19197, 19190-19040, 18991-18841, 18792-18642, 18593-18443, 18394-18244, 18195-18045, 17996-17846, 17797-17647, 17598-17448, 17399-17249, 17200-17050, 17001-16851, 16802-16657, 16603-16457, 16404-16254, 16205-16055, 16002-15856, 15809-15657, 15608-15456, 15409-15262, 15210-15062, 15011-14861, 14812-14662, 14613-14463, 14410-14264, 14210-14065, 14018-13866, 13817-13667, 13618-13468, 13420-13269, 13221-13070, 13021-12871, 12822-12672, 12623-12473, 12424-12274, 12225-12075, 12026-11876, 11827-11627, 11628-11478, 11429-11279, 11228-11080, 11028-10881, 10832-10682, 10633-10483. Total 1200 holes. Frac in 50 stages w/ 16123380g Slick Water & 26082g 7.5% HCl acid w/ 19623458# sand, RD Schlumberger 5/3/18. Turn well over to production for clean out, flowback and test.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #430341 verified by the BLM Well Information System
For OXY USA INC, sent to the Hobbs

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 08/08/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)

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

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

HOBBS OCD
AUG 09 2018
RECEIVED

1a. Type of Well Oil Well Gas Well Dry Other

b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
Other _____

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: SESE 280FSL 965FEL 32.211013 N Lat, 103.691307 W Lon
At top prod interval reported below: SESE 343FSL 442FEL 32.211186 N Lat, 103.689560 W Lon
At total depth: NWNW 185FNL 512FEL 32.238657 N Lat, 103.689648 W Lon

5. Lease Serial No. NMNM66925

6. If Indian, Allottee or Tribe Name _____

7. Unit or CA Agreement Name and No. NMNM137096X

8. Lease Name and Well No. MESA VERDE BS UNIT 4H

9. API Well No. 30-025-44064

10. Field and Pool, or Exploratory MESA VERDE BONE SPRING

11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R32E Mer NMP

12. County or Parish LEA 13. State NM

14. Date Spudded 01/25/2018 15. Date T.D. Reached 03/28/2018 16. Date Completed 05/10/2018 D & A Ready to Prod.

17. Elevations (DF, KB, RT, GL)* 3561 GL

18. Total Depth: MD 20545 TVD 10447 19. Plug Back T.D.: MD 20483 TVD 10447 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) MUD LOG

22. Was well cored? No Yes (Submit analysis)
Was DST run? No Yes (Submit analysis)
Directional Survey? No 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
17.500	13.375 J55	54.5	0	952		1712	139	0	
12.250	9.625 L80	47.0	0	4735		2060	551	1450	
8.500	5.500 P110	20.0	0	20532		3050	1012	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 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING-2ND	10483	20385	10483 TO 20385	0.420	1200	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10483 TO 20385	16123380G SLICK WATER + 26082G 7.5% HCL ACID W/ 19623458# 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
05/14/2018	05/19/2018	24	→	3021.0	4338.0	10915.0			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	1038.0	→	3021	4338	10915		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 #430340 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OI

Documents pending BLM approvals will subsequently be reviewed and scanned

