

District I
1625 N. French Dr., Hobbs, NM 88240

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

District II
811 S. First St., Artesia, NM 88210

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

Submit one copy to appropriate District Office

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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 30-025-44185		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: 5H

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	17	24S	32E		280	SOUTH	995	EAST	LEA

¹¹ Bottom Hole Location FTP- 337' FSL 1252' FEL LTP- 358' FNL 1329' FEL (B)

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	8	24S	32E		196	NORTH	1329	EAST	LEA

¹² Lse Code F	¹³ Producing Method Code : F	¹⁴ Gas Connection Date: 5/16/18	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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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	G
	HOBBS OGD	
	AUG 09 2018	
	RECEIVED	

IV. Well Completion Data

²¹ Spud Date 1/29/18	²² Ready Date 5/11/18	²³ TD 10449'V/20505'M	²⁴ PBD 10449'V/20441'M	²⁵ Perforations 10441'-20343'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2"	13-3/8"	974'	1245		
12-1/4"	9-5/8"	4694'	1290		
8-1/2"	5-1/2"	20490'	2895		

V. Well Test Data

³¹ Date New Oil 5/15/18	³² Gas Delivery Date 5/16/18	³³ Test Date 6/4/18	³⁴ Test Length 24 HOUR	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 924
³⁷ Choke Size 128/128	³⁸ Oil 1611	³⁹ Water 4796	⁴⁰ Gas 2528	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:
08/06/18

Phone:
713-350-4997

OIL CONSERVATION DIVISION

Approved by: *Karen Sharp*

Title: *Staff Mgr*

Approval Date:
8-9-18

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 5H

2. Name of Operator
OXY USA INC. Contact: JANA MENDIOLA
E-Mail: janalyn_mendiola@oxy.com

9. API Well No.
30-025-44185

3a. Address
P.O. BOX 50250
MIDLAND, TX 79710

3b. Phone No (include area code)
Ph: 432-685-5936

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 Mer NMP SESE 28DFSL 995FEL
32.211014 N Lat, 103.691406 W Lon

11. County or Parish, State
LEA COUNTY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily 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 4/16/18, RIH & clean out to PBTD @ 20441'. Pressure test csg to 9800# for 30 min, good test. RIH & perf from 20343-10441' Total 1200 holes. Frac in 50 stages w/ 16225734g Slick Water + 27006g 7.5% HCl acid w/ 19618085# 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 #419251 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 05/08/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____

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 knowing States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Instructions on page 2) **** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED.**

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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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 5H

2. Name of Operator
OXY USA INC
Contact: SARAH CHAPMAN
E-Mail: SARAH_CHAPMAN@OXY.COM

9. API Well No.
30-025-44185

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 995FEL
32.211013 N Lat, 103.691307 W Lon

11. County or Parish, State
LEA COUNTY, NM

HOBBS OCD
AUG 09 2018
RECEIVED

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input checked="" type="checkbox"/> Other
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RUPU 4/16/18, RIH & clean out to PBD @ 20441'. Pressure test csg to 9800# for 30 min, good test. RIH & perf from 20343-20192, 20143-1993, 19944-19794, 19745-19595, 19546-19396, 19389-19239, 19148-18998, 18949-18799, 18750-18600, 18551-18401, 18352-18202, 18153-18004, 17954-17804, 17755-17605, 17556-17406, 17357-17207, 17158-17008, 16962-16809, 16760-16610, 16561-16411, 16362-16212, 16163-16011, 15964-15814, 15765-15615, 15566-15416, 15364-15218, 15168-15018, 14969-14819, 14770-14620, 14571-14421, 14372-14222, 14173-14023, 13971-13824, 13776-13625, 13576-13426, 13377-13227, 13178-13028, 12975-12829, 12780-12634, 12581-12431, 12382-12232, 12186-12033, 11984-11834, 11785-11635, 11586-11436, 11387-11235, 11188-11038, 10989-10839, 10792-10640, 10591-10441. Total 1200 holes. Frac in 50 stages w/ 16554174g Slick Water + 27999g 7.5% HCl acid w/ 19618085# sand, RD Schlumberger 5/4/18. Turn well over to production for clean out, flowback and test.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #430435 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 08/09/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____
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 _____

Documents pending BLM approvals will subsequently be reviewed and scanned

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

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"/> Resvr.			7. Unit or CA Agreement Name and No. NMNM137096X		
2. Name of Operator OXY USA INC.			8. Lease Name and Well No. MESA VERDE BS UNIT 5H		
3. Address P.O. BOX 4294 HOUSTON, TX 77210			9. API Well No. 30-025-44185		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SESE 280FSL 995FEL 32.211014 N Lat, 103.691406 W Lon At top prod interval reported below SESE 337FSL 1252FEL 32.211173 N Lat, 103.692261 W Lon At total depth NWNW 196FNL 1329FEL 32.238782 N Lat, 103.692277 W Lon			10. Field and Pool, or Exploratory MESA VERDE BONE SPRING		
14. Date Spudded 01/29/2018			15. Date T.D. Reached 03/23/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 05/04/2018			17. Elevations (DF, KB, RT, GL)* 3561 GL		
18. Total Depth: MD 20505 TVD 10449		19. Plug Back T.D.: MD 20441 TVD 10449		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) MUD LOG			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)		

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
17.500	13.375 J55	54.5	0	974		1245	425	0	
12.250	9.625 L80	47.0	0	4694		1290	415	0	
8.500	5.500 P110	20.0	0	20290		2895	887	1273	

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-2ND	10441	20343	10441 TO 20343	0.420	1200	ACTIVE
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
10441 TO 20343	16554174G SLICK WATER & 27999G 7.5% HCL ACID W/ 19618085# 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
05/15/2018	06/04/2018	24	→	1611.0	2528.0	4796.0			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	→	1611	2528	4796		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 #430436 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

