

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
		³ Reason for Filing Code/ Effective Date - RT
⁴ API Number 30-025-44191	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: 14H

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
4	18	24S	32E		310'	SOUTH	1078'	WEST	LEA

¹¹ Bottom Hole Location FTP: 420' FSL 1311' FWL LTP: 162' FNL 1299' FWL

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	18	24S	32E		22	NORTH	1299	WEST	LEA
¹² Lse Code F	¹³ Producing Method Code : F	¹⁴ Gas Connection Date: TBD	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	G
HOBBS OCD		
AUG 22 2018		
RECEIVED		

IV. Well Completion Data

²¹ Spud Date 03/03/18	²² Ready Date 08/24/18	²³ TD 10700'V/15556'M	²⁴ PBDT 10700'V/15504'M	²⁵ Perforations 10689'-15416'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	10537 10701	³⁰ Sacks Cement	
14-3/4" <i>355</i>	10-3/4" <i>45.52</i>	1014'		1067 C	
9-7/8" <i>7/22/18</i>	7-5/8" <i>26.74</i>	9943'		2880 H	
6-3/4" <i>P110</i>	5-1/2" <i>20#</i>	15545'		375 A	

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Press
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas		⁴¹ Test Meth

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: 08/21/18 Phone: 713-350-4997

OIL CONSERVATION DIVISION
Approved by: *Karen Sharp*
Title: *Staff Mgr*
Approval Date: *8-22-18*

Documents pending BLM approvals will subsequently be reviewed and scanned

Test Allowable expires 11-24-2018

C-105 Submittal required by 10-9-2018

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 14H

2. Name of Operator
OXY USA INC
Contact: SARAH CHAPMAN
E-Mail: sarah_chapman@oxy.com

9. API Well No.
30-025-44191

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 18 T24S R32E 310FSL 1078FWL
32.210979 N Lat, 103.719498 W Lon

11. County or Parish, State
LEA 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 recompleat 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 recompleat 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 08/08/18 RIH & clean out to PBTD @ 15504'. Pressure test 5-1/2" csg to 9800# for 30 minutes, good test. RIH & perf from 10689'-15416'. Total 901 holes. Frac in 37 stages w/ 8024226g slick water & 11298g of 7.5% HCL w/ 4908820# sand. RD Shlumberger 8/20/18. Turn well over to production for clean out, flowback and test.

HOBBS

AUG 22 2018

RECEIVED

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

Electronic Submission #432312 verified by the BLM Well Information System
For OXY USA INC, sent to the Hobbs

Name (Printed/Typed) SARAH CHAPMAN

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 08/22/2018

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.

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

Department or agency of the United States

(Instructions on page 2)

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