

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
HOBBS OCD

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505
SEP 13 2019

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 30-025-45920 | | ³ Reason for Filing Code/ Effective Date RT |
| ⁵ Pool Name MESA VERDE WOLFCAMP | ⁶ Pool Code 98252 | |
| ⁷ Property Code: 250829 | ⁸ Property Name: MESA VERDE WC UNIT | ⁹ Well Number: 7H |

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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 17 | 24S | 32E | | 280 | SOUTH | 1421 | WEST | LEA |

¹¹ Bottom Hole Location FTP: 201' FSL 1267' FWL LTP: 372' FNL 1191' FWL

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D | 8 | 24S | 32E | | 22 | NORTH | 1191 | 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 |
|---------------------------------|--|---------------------|
| 273222 | GREAT LAKES PETROLOEUM TRANSPORTATION, LLC | O |
| 151618 | ENTERPRISE FIELD SERVICES LLC | G |
| | | |
| | | |
| | | |
| | | |

IV. Well Completion Data

| | | | | | |
|---------------------------------------|--|-------------------------------------|---------------------------------------|---|-----------------------|
| ²¹ Spud Date 05/29/2019 | ²² Ready Date 09/13/2019 | ²³ TD 12211'V/22458'M | ²⁴ PBSD 12211'V/22433'M | ²⁵ Perforations 12047'-22108' | ²⁶ DHC, MC |
| ²⁷ Hole Size | ²⁸ Casing & Tubing Size | ²⁹ Depth Set | | ³⁰ Sacks Cement | |
| 14-3/4" | 10-3/4" | 934' | | 970 | |
| 9-7/8" | 7-5/8" | 11461' | | 1530 | |
| 6-3/4" | 5-1/2" | 22433' | | 805 | |

V. Well Test Data

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

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: 09/10/2019 Phone: 713-350-4997

OIL CONSERVATION DIVISION

Approved by:

Title: L.M.

Approval Date: 9/16/2019

TEST ALLOWABLE EXPIRES 12/16/2019

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

7. If Unit or CA/Agreement, Name and/or No.
NMNM137099X

8. Well Name and No.
MESA VERDE WC UNIT 7H

9. API Well No.
30-025-45920

10. Field and Pool or Exploratory Area
MESA VERDE WOLFCAMP

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

HOBBS OCD
SEP 13 2019
RECEIVED

1. Type of Well
 Oil Well Gas Well Other

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

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 17 T24S R32E SESW 280FSL 1421FWL
32.210968 N Lat, 103.700699 W Lon

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 Hydraulic Fracture |
| | <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 8/19/19, RIH & clean out to PBTD @ 22433', pressure test csg to 9800# for 30 minutes, good test. RIH & perf from 22108-21887, 21867-21647, 21627-21407, 21387-21167, 21147-20927, 20907-20687, 20667-20447, 20427-20207, 20187-19967, 19951-19727, 19707-19487, 19467-19247, 19228-19007, 18988-18767, 18745-18526, 18507-18287, 18267-18047, 18028-17807, 17788-17567, 17547-17327, 17309-17087, 17309-17087, 16828-16607, 16588-16367, 16347-16127, 16110-15888, 15867-15647, 15628-15407, 15388-15167, 15147-14927, 14910-14687, 14428-14207, 14667-14447, 14188-13970, 13948-13727, 13707-13487, 13467-13247, 13227-13007, 12990-12767, 12747-12527, 12507-12287, 12270-12047. Frac in 42 stages w/ 12537690gal slickwater and 21217268# sand. 8/30/19 RD Schlumberger, RIH & clean out, turn to flowback and test well for potential.

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

**Electronic Submission #482753 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 09/10/2019

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 ****