

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 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	<b>Form C-105</b> Revised August 1, 2011  1. WELL API NO. 30-025-45931  2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN  3. State Oil & Gas Lease No.
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 HOBBES CCD  
 FEB 28 2020  
 RECEIVED

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 Avogato 30-31 State Com  6. Well Number: 35H					
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											
8. Name of Operator OXY USA Inc.						9. OGRID 16696					
10. Address of Operator PO Box 4294   Houston, TX 77210						11. Pool name or Wildcat Red Tank; Bone Spring, East					
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	B	30	22S	33E		240	N	1785	E	Lea	
BH:	P	31	22N	33E		31	S	1197	E	Lea	
13. Date Spudded	14. Date T.D. Reached		15. Date Rig Released			16. Date Completed (Ready to Produce)			17. Elevations (DF and RKB, RT, GR, etc.)		
06/22/2019	10/10/2019		10/15/2019			11/30/2019			3681 GR		
18. Total Measured Depth of Well			19. Plug Back Measured Depth			20. Was Directional Survey Made?			21. Type Electric and Other Logs Run		
22280			22251			Yes			Gamma Ray		
22. Producing Interval(s), of this completion - Top, Bottom, Name 12117' - 22118'											

23. CASING RECORD (Report all strings set in well)						
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED	
13 3/8	54.5	1050	17 1/2	1340	0	
7 7/8	40	11544	12 1/4	2819	0	
5 1/2	20	22265	6 3/8	790	0	

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	12054	

26. Perforation record (interval, size, and number) 12117' - 22118' in 50 stages w/ 1430 shots				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>12117' - 22118'</td> <td>432703 slickwater, 1179 bbls 7.5% acid &amp; 25032213 lbs sand</td> </tr> </table>				DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	12117' - 22118'	432703 slickwater, 1179 bbls 7.5% acid & 25032213 lbs sand
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28. PRODUCTION							
Date First Production		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )			Well Status ( <i>Prod. or Shut-in</i> )		
12/10/2019		Gas Lift			Prod		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
12/17/2019	24	18		4154	4715	5785	1135
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )	
	2994		4154	4715	5785		

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) To be sold	30. Test Witnessed By
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31. List Attachments  
 C103, C104, C102, WBD, Log Header

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 April Santos   Printed Name April Santos   Title Regulatory Specialist   Date 2/25/2020

E-mail Address April\_Hood@OXY.com

