

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| | | |
|--|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | WELL API NO. 30-025-05583 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Oxy USA WTP Limited Partnership | | 6. State Oil & Gas Lease No. B2330 |
| 3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323 | | 7. Lease Name or Unit Lease Name East Eumont Unit |
| 4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>9</u> Township <u>19-S</u> Range <u>37-E</u> NMPM Lea County | | 8. Well Number <u>28</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3659' | | 9. OGRID Number 192463 |
| | | 10. Pool name or Wildcat Eumont Yates/7RVR ON |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: Casing integrity test <input checked="" type="checkbox"/> | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of test: 06/06/2019
Pressure readings: Initial - 560 PSI Ending - 560 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson - NMOCD

HOBBS OCD

JUN 24 2019

RECEIVED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Mendy A. Johnson

TITLE Administrative Associate

DATE 06/18/2019

Type or print name Mendy A. Johnson

E-mail address: mendy_johnson@oxy.com

PHONE: 806-592-6280

For State Use Only

APPROVED BY:

Shay Holman

TITLE Compliance Officer

DATE 6-25-19

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE 6-6-19
BR 2221

HOBBS OGD

JUN 24 2019

RECEIVED

NOON

6 AM

7

8

6

10

11

1

2

3

4

30

30

5

7

6 PM

PRINTED IN U.S.A.

HOBBS OCD

JUN 24 2019

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| | |
|-----------------------------------|----------------------------|
| Operator Name OXY USA WTP, LTD | API Number 30-025-05583 |
| Property Name EAST EUMONT UNIT | Well No. 28 |

7. Surface Location

| | | | | | | | | |
|---------------|--------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|
| UL - Lot A | Section 9 | Township 19S | Range 37E | Feet from 660 | N/S Line NORTH | Feet From 660 | E/W Line EAST | County LEA |
|---------------|--------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | |
|------------------------------|----------------------|-------------------------|-----------------------|
| Well Status ACTIVE | SHUT-IN NO | PRODUCING INT | DATE 6-5-19 |
|------------------------------|----------------------|-------------------------|-----------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MIN EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csg | (E)Tubing |
|----------------------|----------------|------------------------|----------------|-------------|-----------|
| Pressure | 0 | NA | NA | 0 | No Gauge |
| Flow Characteristics | | | | | |
| Puff | Y/N | Y/N | Y/N | Y/N | |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | |
| Surges | Y/N | Y/N | Y/N | Y/N | |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | |
| Water | Y/N | Y/N | Y/N | Y/N | |

If bradenhead flowed water, check all of the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

| | |
|----------|--------------------------------------|
| Remarks: | INJECTING AT THIS TIME WTR, GAS, CO2 |
| VIC | |

| | |
|---------------------------------------|---------------------------|
| Signature: <i>Mendy Johnson</i> | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON | Entered into RBDMS |
| Title: ADMINISTRATIVE ASSOCIATE | Re-test |
| E-mail Address: mendy_johnson@oxy.com | |
| Date: 6/18/19 | Phone: 806-592-6280 |
| Witness: <i>Mendy Johnson</i> | |