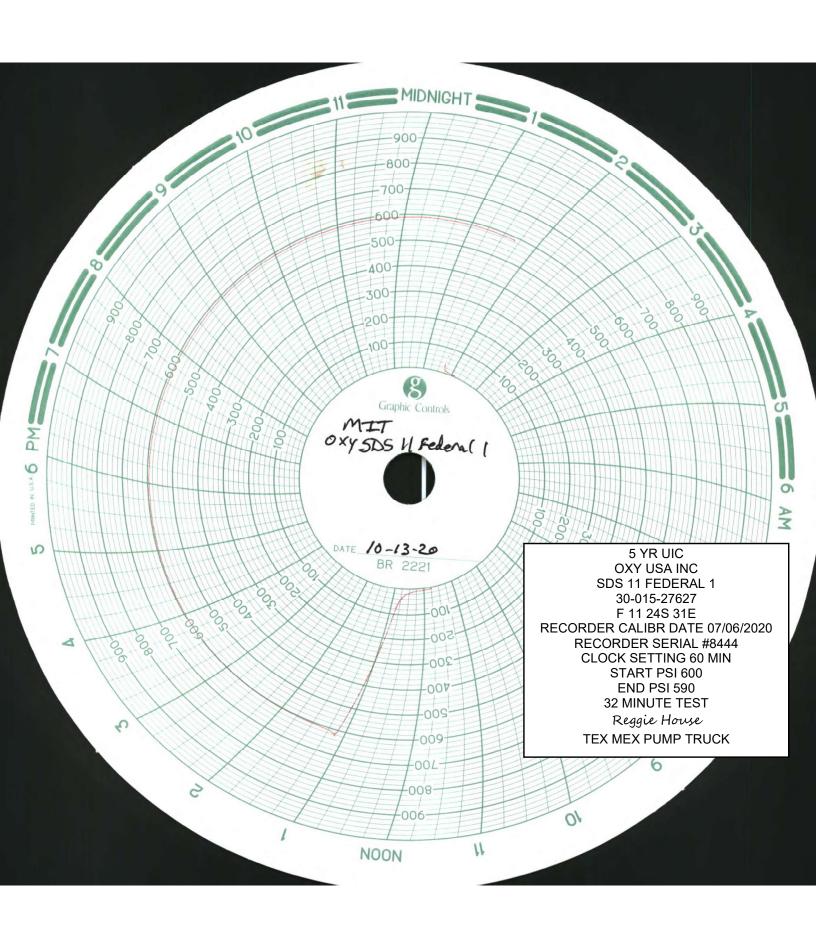
<u>District II – Artesia</u> 811 S. I^M Street, Artesia, NM 88210 Phone: (575) 748-1283 - Fax: (575-748-9720

State of New Mexico

Energy, Minerals and Natural Resources Department Oil Conservation Division Artesia District Office

| | | RADENHEAD T | EST REPORT | <u>r</u> | | |
|--------------------------------------|--------------------------------|---------------------------|--------------------|--------------------|---|----------------------------------|
| O Ky Operator Name | | | | 30-018-27627 | | |
| S.D.S 11 Federal | | | | Well No. | | |
| 3,0,3 | rederal | ^{1.} Surface Loc | otion | | 上 | 001 |
| UL - Lot Section To | synship Range | Feet fro | | Feet From | V/W Line | County |
| | 45 31E | 209 | 0 | Feet From 1980 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Eddy |
| | | Well Stat | | | | |
| TA'D Well | SHUT-IN | INJECT | 7 | PRODUCER DATE | | |
| YES NO | YES (NO | ENJ (| SWD OI | L GAS | 10-1 | 3-20 |
| | | OBSERVED | DATA | | | |
| | (A) Surf-Interm. | (B) Interm. (1) | (C) Interm. (2) | (D) Prod C | asing | (E) Tubing |
| Pressure | 0 | | | 0 |) | 1155 |
| Flow Characteristics | | | | | | |
| Puff | O / N | Y/ N | Y/ N | 7 | 77 N | CO2 |
| Steady Flow | Y/ N | Y/N | Y/ N | 7 | // N | WIR |
| Surges | Y/ | Y/ N | Y/ N | - 1 - | 7 1 | GAS |
| Down to nothing | 01 | Y/ N | Y/ N | | 21 | If applicable type |
| Gas or Oil Water | Υ/ | Y/N | Y/ N | | 77 | fluid injected for Waterflood |
| water | Y/ N | Y/ N | Y/ N | Y | | 1721011:000 |
| If Braden head flowed water, | check all the descriptions the | nat apply: | | | | |
| CLEAR | FRESH | SALTY | SULF | UR | BLACK | |
| | | | | | <u></u> | |
| Remarks: Please state for e | each string (A, B, C, D, F |) pertinent information | regarding bleed do | vn or continuous b | uild up if appl | ies. |
| MIT A-Puff Gas D-nothing | | | | | | |
| 1. Pust 6as | | | | | | |
| يباد ال | | | | | | |
| D- nothing | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature: | | | T T | OIL CONSER | VATIONE | INISION |
| Printed name: RJAC | . a Hausa | | Pater | | TATIOND | 77 7 131013 |
| Title: Ruduction Tech R | | | Entered Re-test | | | |
| E-mail Address reggie Nowse Oxy. com | | | | | | |
| Date: /0-13-20 | Phone: 575 | | 363 | | | |
| Signatu | | Ham | | | | |

10



State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary Gabriel Wade, Acting Director Oil Conservation Division



| Date:_ | 10/13/2020 | |
|--------|--------------|--|
| API# | 30-015-27627 | |

A Mechanical Integrity Test (M.I.T.) was performed on, Well_SDS 11 FEDERAL #001

M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnllne.htm 7 to 10 days after postdating.

_____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made,
Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in
non-compliance, all dates and requirements of the original are still in effect.

No expectation of extension should be construed because of this test.

_____ M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the non-compliance be closed.

____M.I.T.is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact Rusty Klein at 575-748-1283 x109 for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You,

Dan Smolik, Compliance Officer

EMNRD-O.C.D.

District II - Artesia, NM

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 12073

CONDITIONS OF APPROVAL

| Operator: | | OGRID: Action Number: | | Action Type: | |
|---------------------------|----------------------|-----------------------|-------|-----------------|--|
| OXY USA INC P.O. Box 4294 | Houston, TX772104294 | 16696 | 12073 | BRADENHEAD TEST | |

| OCD Reviewer | Condition |
|--------------|-----------|
| gcordero | None |