

District II - Artesia

811 S. 1st 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

BRADENHEAD TEST REPORT

Operator Name OXY	API Number 30-015-30605
Property Name Pure Gold B Federal #1	Well No. # 020

Surface Location

UL - Lot P	Section 20	Township 23S	Range 31E	Feet from 1260	NE Line 0	Feet From 250	DAV Line 0	County Eddy
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 10-13-20
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0			0	10
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	If applicable type
Gas or Oil	Y / N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood

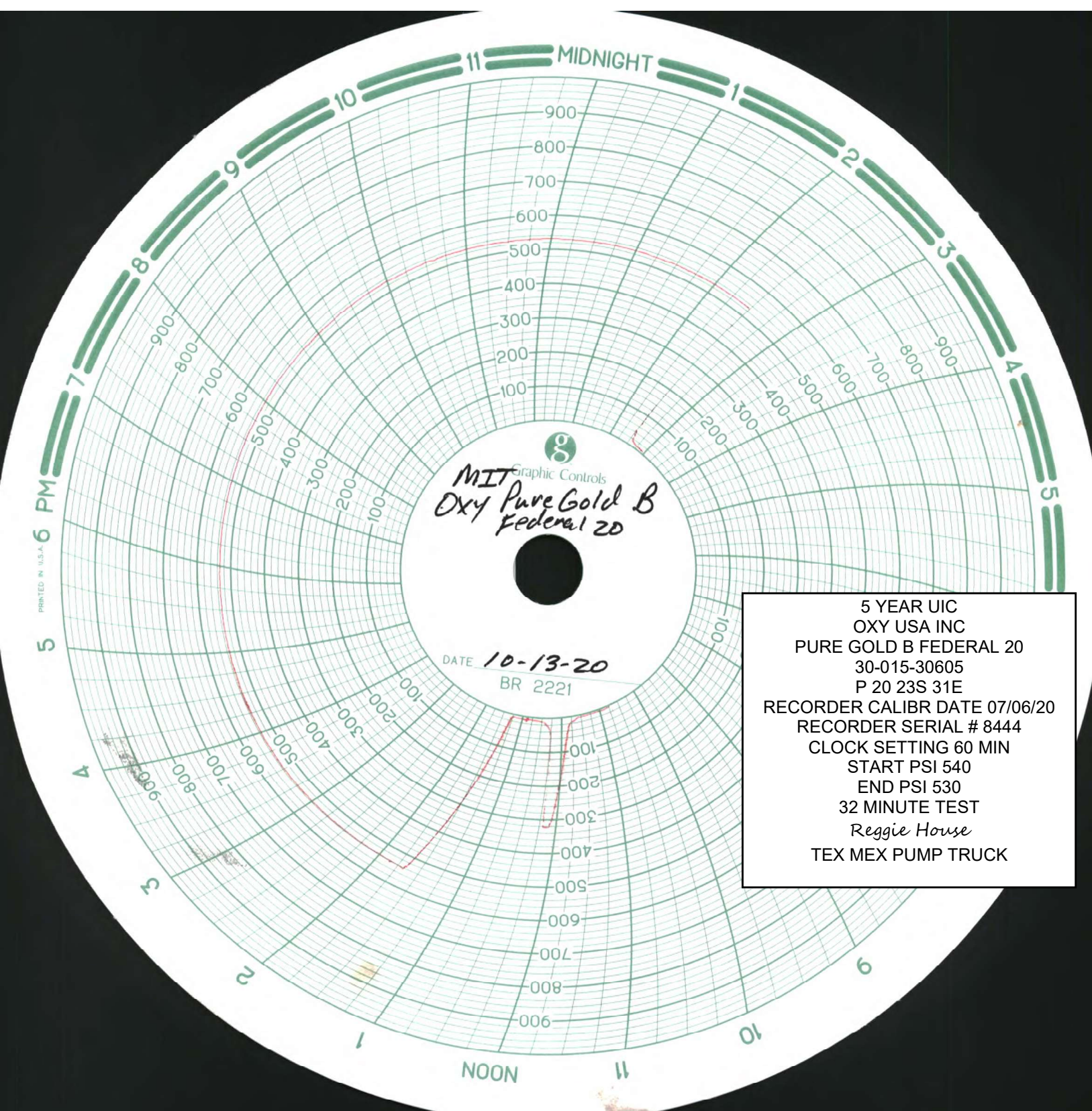
If Braden head flowed water, check all the descriptions that apply:

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

A - Puff Gas**D - nothing****MIT**

Signature: _____		OIL CONSERVATION DIVISION	
Printed name: Reggie House		Entered _____	
Title: Production Tech II		Re-test _____	
E-mail Address: reggie_house@oxy.com			
Date: 10-13-20	Phone: 575-942-0363		
Signature: Reggie House	Witness: _____		



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# 30-015-30605

A Mechanical Integrity Test (M.I.T.) was performed on, Well PURE GOLD B FEDERAL #020

X 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/oed/OCDOnline.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.

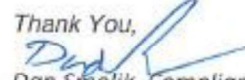
___ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

___ 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

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
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
District IV
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 12074

CONDITIONS OF APPROVAL

Operator:				OGRID:	Action Number:	Action Type:
OXY USA INC	P.O. Box 4294	Houston, TX772104294		16696	12074	BRADENHEAD TEST
OCD Reviewer				Condition		
gcordero				None		