

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-25271
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Saltwater Disposal <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DCP Midstream LP		6. State Oil & Gas Lease No.
3. Address of Operator 370 17 <sup>th</sup> Street, Suite 2500, Denver, CO 80202		7. Lease Name or Unit Agreement Name Artesia Gas Plant SWD
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>7</u> Township <u>18S</u> Range <u>28E</u> NMPM _____ County <u>Eddy</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3608 GR		9. OGRID Number 36785
10. Pool name or Wildcat Artesia Field Area		

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: (Mechanical 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.

The MIT was conducted on Wednesday, April 26, 2023, at 9:40 am (MT). Barbara Lydick, (NMOCD) was on site to provide oversight/approval of the MIT and bradenhead test (BHT). Below is a step-by-step summary of the tests with results:

- The annular space pressure between casing and tubing was 0 psi prior to the start of the MIT. Approximately 1,700 BPD of saltwater was being injected with a tubing pressure was 500 psi (crown gauge).
- Lines from the freshwater pump truck and a calibrated chart recorder were attached to the annular space well valve to record the pressure changes. The chart recorder started at 10:22 am, and at 10:29 am the pressure was increased to 570 psi.
- The chart recorder and well were isolated from the pump truck; the MIT began at 10:30 am.
- At 11:02 am (32 minutes) the annulus pressure was 560 psi, a loss of 10 psi (1.7% decrease), with stable conditions during the last 25 minutes of the test.
- The brine was then bled from the annulus to reduce the pressure to 0 psi and the chart recording was stopped.

Before the start of the MIT, a Bradenhead test was conducted by the NMOCD by opening the surface and production casing valves to the atmosphere to observe and document any flow. The surface valve remained open during the MIT.

Please see the attached approved MIT pressure chart, BHT documentation, and chart calibration sheet.

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

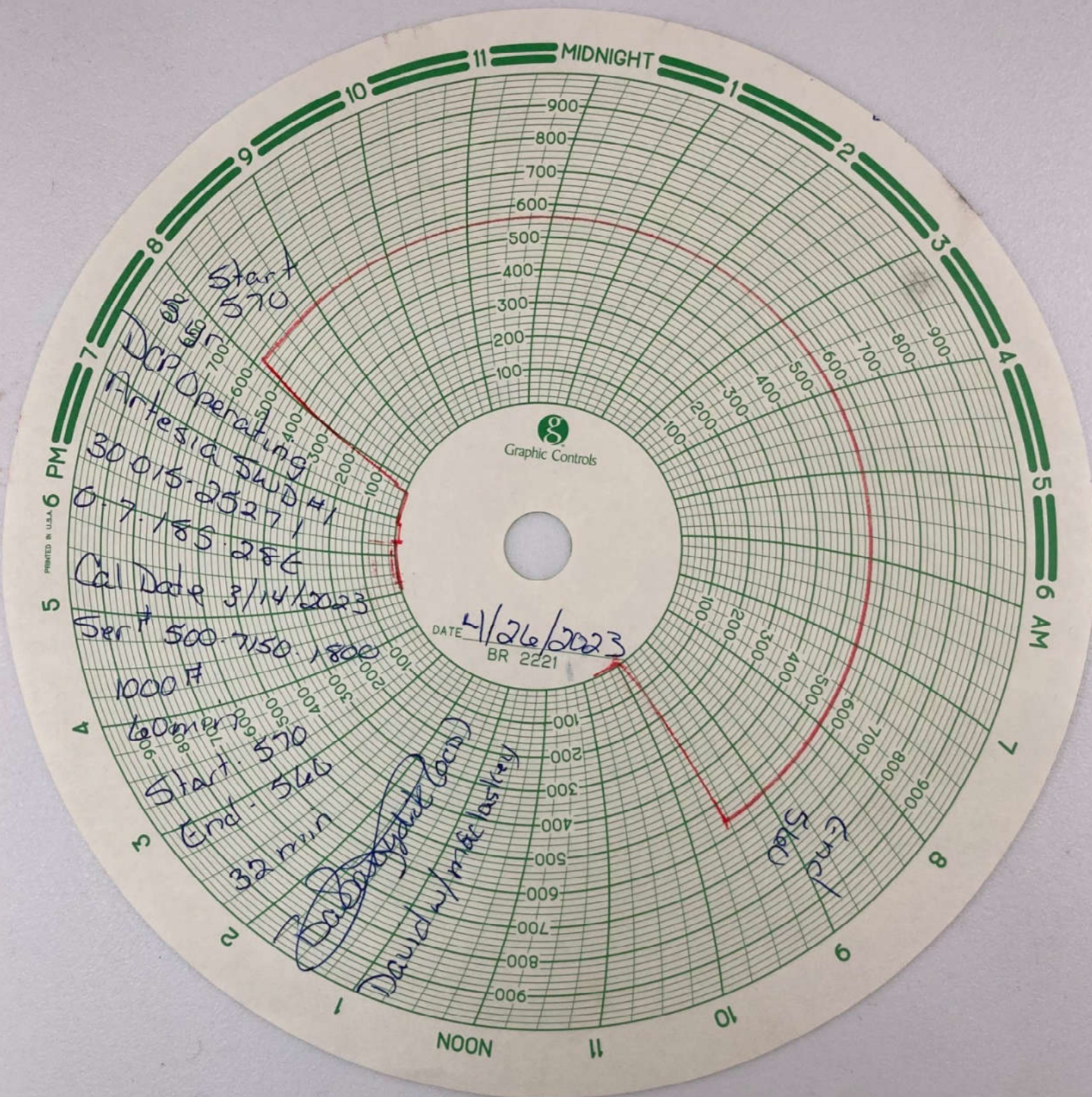
SIGNATURE Dale T Littlejohn  
 Type or print name Dale T Littlejohn  
**For State Use Only**

TITLE Consultant to DCP Midstream  
 E-mail address: dale@geolex.com

DATE 4/26/2023  
 PHONE: (505) 842-8000

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_







South District-Artesia

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

**BRADENHEAD TEST REPORT**

Operator Name <b>DCP Operating</b>	API Number <b>30-015-25271</b>
Property Name <b>Artesia SWD</b>	Well No. <b>1</b>

**2. Surface Location**

UL - Lot <b>0</b>	Section <b>7</b>	Township <b>18S</b>	Range <b>28E</b>	Feet from <b>330</b>	N/S Line <b>S</b>	Feet From <b>2310</b>	E/W Line <b>E</b>	County <b>Eddy</b>
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**Well Status**

YES	TA'D WELL <b>(NO)</b>	YES	SHUT-IN <b>(NO)</b>	INJ	INJECTOR <b>(SWD)</b>	OIL	PRODUCER	GAS	DATE <b>4/26/2023</b>
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>			<b>0</b>	<b>500</b>
Flow Characteristics					
Puff	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	CO2 WTR <input checked="" type="checkbox"/> GAS <input type="checkbox"/> Type of Fluid Injected for Waterflood if applies
Steady Flow	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	
Surges	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	
Down to nothing	<b>(Y) N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>(Y) N</b>	
Gas or Oil	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	
Water	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

~~ACG AGI MIT / BHT~~  
**DCP ARTESIA SWD BHT - OK**

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <b>4/26/</b>	Phone:		
	Witness: <b>[Signature]</b>		

INSTRUCTIONS ON BACK OF THIS FORM



# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240

505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 3-14-23

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD  
SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING  
INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER

500 9150 1800

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</u>	<u>200</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>

PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_SIGNED: Albert Rodriguez

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CONDITIONS

Action 212533

CONDITIONS

Operator: DCP OPERATING COMPANY, LP 6900 E. Layton Ave Denver, CO 80237	OGRID: 36785
	Action Number: 212533
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	3/21/2024