

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

HOBBS OGD
RECEIVED
JUL 01 2019

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-32434 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <u>Fd</u>
2. Name of Operator OXY USA Inc. ✓		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name <u>Prize Federal</u> ✓
4. Well Location Unit Letter <u>H</u> : <u>1860</u> feet from the <u>North</u> line and <u>760</u> feet from the <u>east</u> line Section <u>27</u> Township <u>22S</u> Range <u>32E</u> NMPM County <u>Lea</u>		8. Well Number <u>4</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3660'</u>		9. OGRID Number 16696
		10. Pool name or Wildcat <u>Red Tank Delaware, West</u>

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: <u>MIT</u> <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.

TD-3740' PBTD-8660' Perfs-6832-8388' ~~CHP~~/Pkr-6892-8301'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 6/4/19, circulate well with treated water, pressure test casing to 560 # for 30 min.

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 _____ TITLE Sr. Regulatory Advisor DATE _____

Type or print name David Stewart E-mail address: david.stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Shay Coleman TITLE Compliance Officer DATE 7-2-19
Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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NOON
Rec Mid Reg

6/26/19

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MIDNIGHT

Graphic Controls

DATE 6/4/19
BR 2221

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Prize Fed #1

30-1-32436

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

BRADENHEAD TEST REPORT

Operator Name OXY		API Number 30-025-32436
Property Name Prize Fed.		Well No. #4

1. Surface Location

UL - Lot H	Section 27	Township 22S	Range 32E	Feet from 1180	N/S Line N	Feet From 760	E/W Line E	County LEA
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR INJ	<input checked="" type="radio"/> PROD	PRODUCER OIL	GAS	DATE 6-4-19
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0 PSI	0 PSI	N/A	0 PSI	400 PSI
Flow Characteristics					
Pull	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Measured if
					applies

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

Signature: Chris Gaston		OIL CONSERVATION DIVISION	
Printed name: Chris Gaston		Entered into RBDMS	
Title: Prod Tech		Re-test	
E-mail Address: Chris.gaston@og.com			
Date: 6-4-19	Phone: 575-390-2071		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

mailed
6/11/19