

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

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

Form C-103
Revised July 18, 2013

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. 30-025-37350
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Oxy USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator 1017 West Stanolind Road, Hobbs NM 88240		7. Lease Name or Unit Agreement Name B Hardin
4. Well Location Unit Letter <u>E</u> : 2015 feet from the <u>North</u> line and <u>385</u> feet from the <u>West</u> line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3657' GL		9. OGRID Number <u>192463</u>
		10. Pool name or Wildcat Hobbs Abo Wildcat

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Casing integrity test/TA status request ☒

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.

Test date: 01/23/2020

Pressure readings: Initial - 590 PSI Ending - 580 PSI

Length of test: 32 minutes

Witnessed: Gary Robinson NMOCD

HOBBS OCD

JAN 28 2020

RECEIVED

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 1-23-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XJ

Spud Date:

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

SIGNATURE

Justin Saxon

TITLE Well Surveillance Lead

DATE 01-27-20

Type or print name Justin Saxon

E-mail address: Justin_Saxon@oxy.com

PHONE: 575-397-8206

For State Use Only

APPROVED BY:

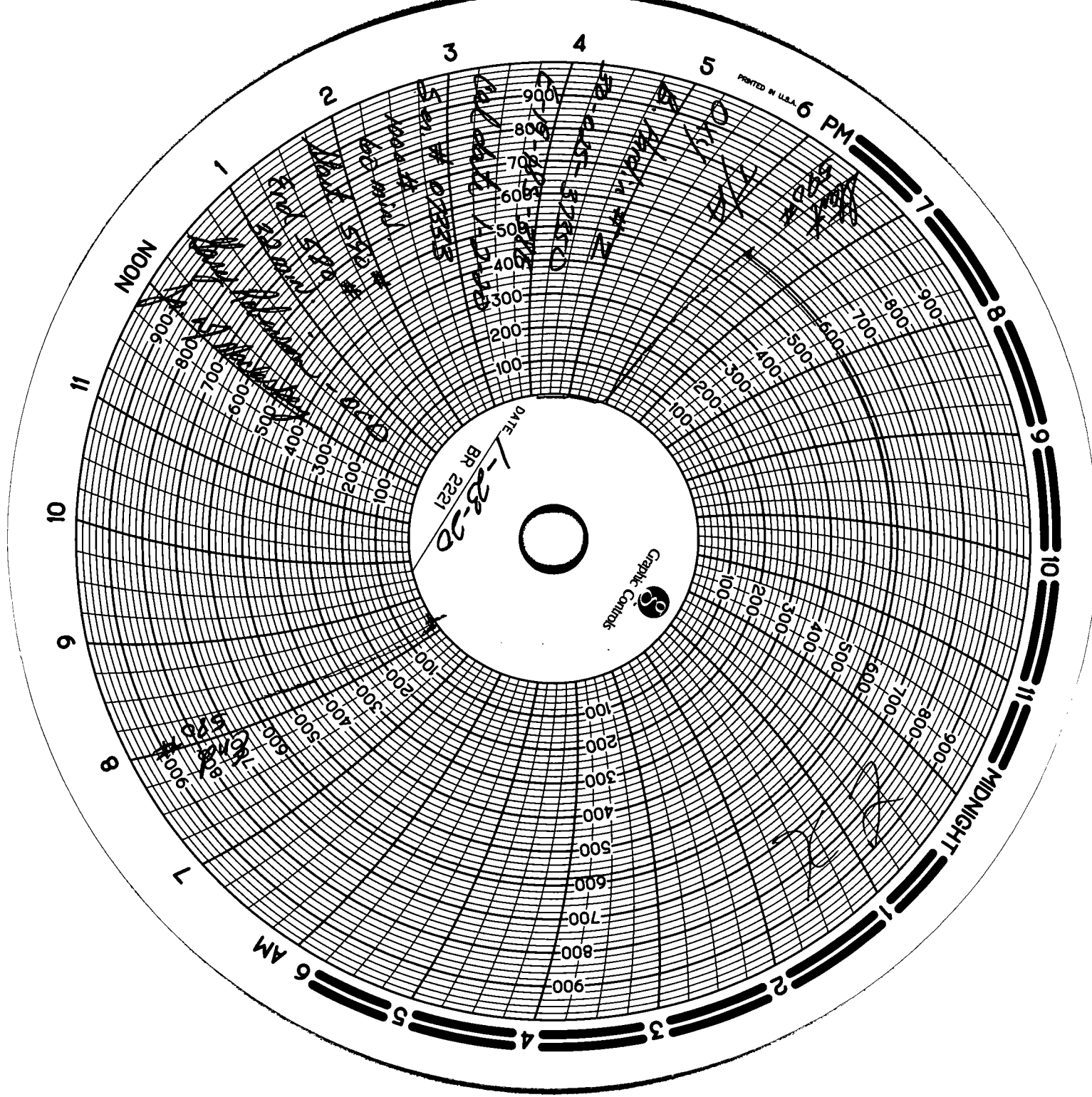
Kerry Int

TITLE CO

A

DATE 2-7-20

Conditions of Approval (if any)



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 PARTNERSHIP	API Number 30-025-37350
Property Name B HARDIN	Well No. 2

7. Surface Location

UL - Lot E	Section 19	Township 18S	Range 38E	Feet from 2015	N/S Line NORTH	Feet From 385	E/W Line WEST	County LEA
---------------	---------------	-----------------	--------------	-------------------	-------------------	------------------	------------------	---------------

Well Status

TA'D Well <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SHUT-IN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	OIL PRODUCING <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 1-23-20
--	--	--	--	-----------------

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA


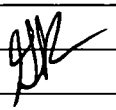
If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csmg	(E)Tubing
Pressure	50	0		0	NONE
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Injected for
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Water Flood if applies

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

Surf. blew down in 5 min.

T/A

Signature: 	OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON	Entered into RBDMS 
Title: WELL SURVEILLANCE LEAD	Re-test
E-mail Address: Justin_Saxon@oxy.com	
Date: 1-27-20	
Phone: 575-397-8206	
Witness: 