

Form 3160-5  
(June 2015)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an**  
**abandoned well. Use form 3160-3 (APD) for such proposals.**5. Lease Serial No.  
NMNM53219

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
MCKITTRICK 14 FED SWD 19. API Well No.  
30-015-21010-00-S110. Field and Pool or Exploratory Area  
MCKITTRICK HILLS11. County or Parish, State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

2. Name of Operator

Contact: KIM HOFFMAN

OXY USA WTP LIMITED PTNRSHIP E-Mail: KIM\_HOFFMAN@OXY.COM

3a. Address

HOUSTON, TX 77210

3b. Phone No. (include area code)

Ph: 713-215-7314

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 14 T22S R24E SENE 2390FNL 830FEL

## 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

MIT TEST

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #535057 verified by the BLM Well Information System**  
**For OXY USA WTP LIMITED PTNRSHIP, sent to the Carlsbad**  
**Committed to AFMSS for processing by PRISCILLA PEREZ on 10/23/2020 (21PP0324SE)**

Name (Printed/Typed) KIM HOFFMAN

Title REGULATORY TECH II

Signature (Electronic Submission)

Date 10/22/2020

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JONATHON SHEPARD Title PETROLEUM ENGINEER	Date 11/20/2020
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office Carlsbad		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

**Revisions to Operator-Submitted EC Data for Sundry Notice #535057**

	<b>Operator Submitted</b>	<b>BLM Revised (AFMSS)</b>
Sundry Type:	MIT SR	MIT SR
Lease:	NMNM53219	NMNM53219
Agreement:		
Operator:	OXY USA WTP LP 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046 Ph: 713-215-7314	OXY USA WTP LIMITED PTNRSHIP  HOUSTON, TX 77210 Ph: 713.366.5360
Admin Contact:	KIM HOFFMAN REGULATORY TECH II E-Mail: KIM_HOFFMAN@OXY.COM  Ph: 713-215-7314	KIM HOFFMAN REGULATORY TECH II E-Mail: KIM_HOFFMAN@OXY.COM  Ph: 713-215-7314
Tech Contact:	KIM HOFFMAN REGULATORY TECH II E-Mail: KIM_HOFFMAN@OXY.COM  Ph: 713-215-7314	KIM HOFFMAN REGULATORY TECH II E-Mail: KIM_HOFFMAN@OXY.COM  Ph: 713-215-7314
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	SWD;DEVONIAN	MCKITTRICK HILLS
Well/Facility:	MCKITTRICK 14 FEDERAL 001 Sec 14 T22S R24E SENE 2390FNL 830FEL	MCKITTRICK 14 FED SWD 1 Sec 14 T22S R24E SENE 2390FNL 830FEL





SPL

## Pressure Recorder Calibration Certificate

Company Name: L&E Services

Certificate #: 6068\_072420

Recorder Type: Barton

Serial #: 6068

Pressure Range 1: 0-1000#

Accuracy: +/- 0.2% PSIG

Pressure Range 2: NA

Accuracy: +/- 0.2% PSIG

Temperature Range: NA

Accuracy: +/- 0.1% Deg. F

Pressure Pen 1

Temperature Pen

Increasing Pressure (PSIG)

Decreasing Pressure (PSIG)

Temperature Test (F°)

Applied Pressure	Indicated Pressure	Error %
0	0	0
100	100	0
300	300	0
500	500	0
700	700	0
1000	1000	0

Applied Pressure	Indicated Pressure	Error %
800	800	0
600	600	0
400	400	0
200	200	0
50	50	0
0	0	0

Applied Temperature	Indicated Temperature	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Pressure Pen 2

Increasing Pressure (PSIG)

Decreasing Pressure (PSIG)

Applied Pressure	Indicated Pressure	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Applied Pressure	Indicated Pressure	Error %
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

This is to certify that this instrument has been inspected and calibrated using a certified 10,000 psi Crystal Gauge.

Calibrated By: Chris Villeneuve

Calibration

Date: 07-24-2020

SPL Pressure Recorder Certificate

SPL-Inc.com



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:

12.17.2020

API#

30-015-21010

A Mechanical Integrity Test (M.I.T.) was performed on, Well

MCKITTRICK 14 FED SWD 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/OCOnline.htm](http://www.emnrd.state.nm.us/ocd/OCOnline.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 12579

**CONDITIONS OF APPROVAL**

Operator:	OXY USA WTP LIMITED PARTNERSHI	P.O. Box 4294	Houston, TX772104294	OGRID:	192463	Action Number:	12579	Action Type:	C-103Z
OCD Reviewer	Condition								
ksimmons	None								