

Submit a 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. <b>30-015-44143</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA WTP LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210		7. Lease Name or Unit Agreement Name <b>TURKEY TRACK 8 7 STATE</b>
4. Well Location Unit Letter <u>M</u> : <u>1254</u> feet from the <u>SOUTH</u> line and <u>195</u> feet from the <u>WEST</u> line Section <u>9</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <b>#023H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>192463</b>
10. Pool name or Wildcat [60660] TURKEY TRACK;BONE SPRING		

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	MIT <input type="checkbox"/>
	OTHER: <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 RAN FOR A CLOSED LOOP GAS CAPTURE PROJECT AT 110% OF THE MAXIMUM ALLOWABLE SURFACE PRESSURE OF 1335 PSI. PLEASE SEE ATTACHED DOCUMENTS.

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 STEPHEN JANACEK TITLE REGULATORY ENGINEER DATE 8/16/23

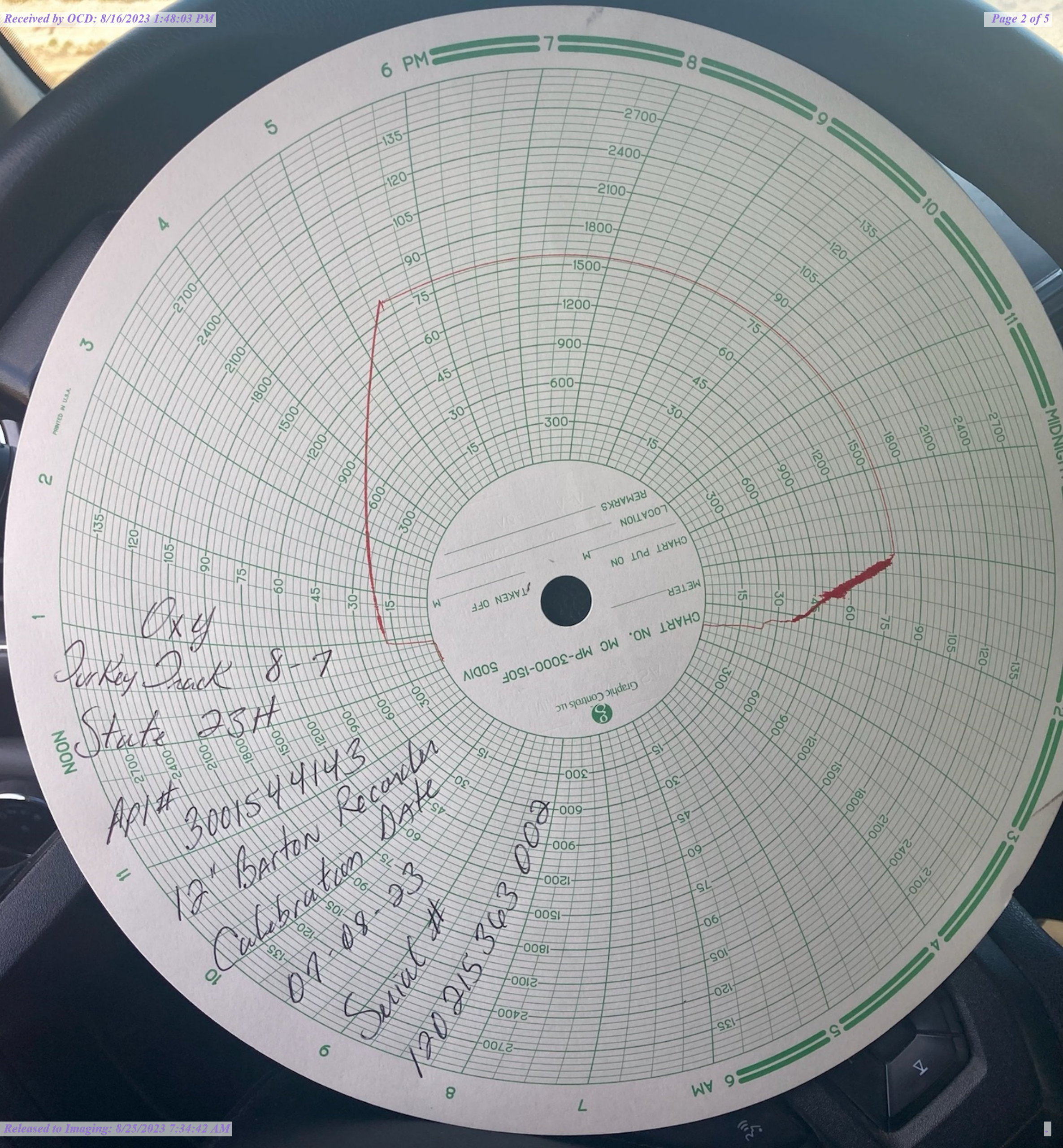
Type or print name STEPHEN JANACEK E-mail address: STEPHEN\_JANACEK@OXY.COM PHONE: 713-493-1986

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):





Oxy  
Turkey Track 8-7

State 23H

API# 3001544143

12" Barton Recorder

Calibration

07-08-23

Serial #

170215303002



**PERFORMING BRADENHEAD TEST**

## General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- |                        |           |
|------------------------|-----------|
| • Blow or Puff         | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow          | Yes or No |
| • Oil or Gas           | Yes or No |
| • Water                | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 2 Artesia office since this must be reported on a  
form. In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

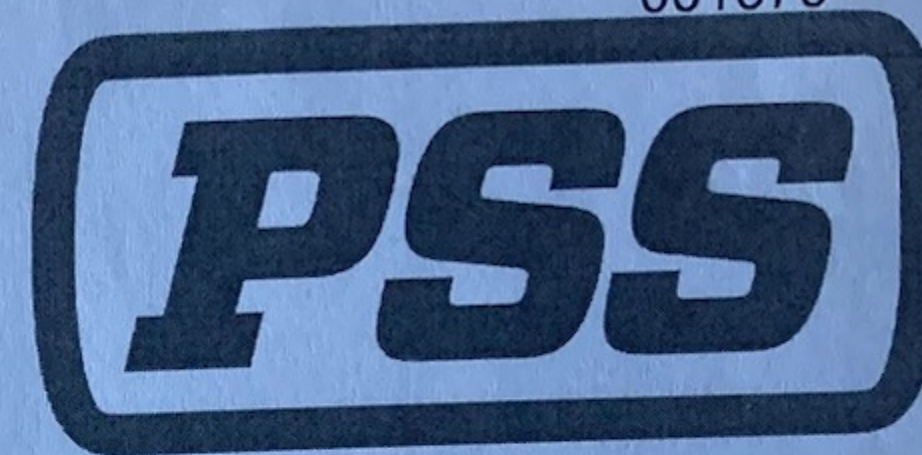
Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.



001670

# CALIBRATION CERTIFICATE

**PIPELINE SUPPLY & SERVICE**

DATE CALIBRATED: 7/8/2023

EXPIRATION DATE : 7/8/2024

- PRESSURE ONLY -TYPE OF INSTRUMENT CALIBRATED: 12" BARTON SINGLE-PEN RECORDER ☐SERIAL NUMBER: 120215363002

INDICATED RANGE: 0-3000

☐ +/- 0.10%

- REFERENCE HEIGHT (IN/CM): 2.5IN (6.4CM)
- BASED ON INTERNATIONAL STANDARDS OF GRAVITY: (980.665 CM/SQ)
- BASED ON CALIBRATED PISTON AREA: (CM/SQ 0.079332) (IN/SQ 0.012297)
- TYPE OF STANDARD USED TO CALIBRATE: CHANDLER DEADWEIGHT TESTER
- DEADWEIGHT TYPE: (55-100P-B-T) SERIAL NO: 26494 & SERIAL NO: 26714

ALL STANDARDS ARE TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGIES.  
TEST NO: (836/8366608)

CALCULATED USING MASS VALUES, AREA, A<sub>0</sub> AND STATED GRAVITY  
ROOM TEMPERATURE (AT TIME OF TEST): 75F (23.9C)

CALIBRATED BY: ZACKERY HARJO

SIGNATURE: Z. H.



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CONDITIONS

Action 252888

CONDITIONS

Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 772104294	OGRID: 192463
	Action Number: 252888
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	8/25/2023