Phone: (575) 748-1283 Fax: (575) 748-9720

OCD - REC'D 9/30/2020

State of New Mexico

Energy, Minerals and Natural Resources DepartmentOil Conservation Division Artesia District Office

| | | | | | NHEAD T | EST : | REP | OR7 | Γ | | | | | |
|---|---------------------------|----------------|---|--|----------------|-------------------|------------|----------------|---------------|---------------------------|---|--|--|--|
| Operator Name | | | | | | | | | | API Number | | | | |
| OXY USA WTP LIMITED PARTNERSHIP | | | | | | | | | | 30-015-21669 | | | | |
| Property Name | | | | | | | | | | Well No. | | | | |
| MOC Surface Leasting | | | | | | | | | | | | WD #001 | | |
| UL -Lot Section Township Range Feet From | | | | | | | N/S I | ina | Feet Fr | 0.00 | E/W Line | County | | |
| K 07 | | 20S 25E | | 1980 | | S 1980 | | | W | EDDY | | | | |
| | | | <u>. I</u> | Well Status | | | | | | | | 1 | | |
| TA | 'D Well | | SHUT-IN_ | | | INJECTOR | | | PRODUCE | R | 9-23-2020 | | | |
| Yes N | | lo Yes (No | | 60 | o Inj (sv | | / D | \ | | AS | 9-1 | 23-2020 | | |
| OBSERVED DATA | | | | | | | | | | | | | | |
| | | (A) Sur | f-Interm. | <u>(B</u> | (B)Interm. (1) | | | (C)Interm. (2) | | | rod Casing | (E)Tubing | | |
| Pressure | | 7 | 5 | | | | | | | | 0 | 8 | | |
| Flow | | | | | · | | | | | | | | | |
| <u>Characteristics</u> | | | | | | \longrightarrow | | | | | | CO ₂ | | |
| Puff | | Y/N | | Y / N | | \longrightarrow | Y/N | | | | | WTR X | | |
| Steady Flow | | Y (N) Y (N) | | | Y / N | | Y/N | | | Y (N) | | GAS | | |
| Surges | | 0/N | | Y / N | | \longrightarrow | Y/N | | Y (N) | | If applicable type | | | |
| Down to nothing Gas or Oil | | ¥ /3 | | | Y/N | | Y/N Y/N | | Y (S) | | fluid injected for Waterflood | | | |
| Water | | Y/N | | | Y / N | | Y/N | | Y / (N) | | Watertioou | | | |
| If Braden head flowed water, check all the descriptions that apply: | | | | | | | | | | | <u>- 7 (-) </u> | <u>. </u> | | |
| CLEAR | | FRESH SALT | | | | SULFUR | | | UR | BLACK | | | | |
| | | L | | | | | | | | | | | | |
| Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Accepted for record test not witnessed | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Signature | Signature: Warney Garling | | | | | | | | | OIL CONSERVATION DIVISION | | | | |
| Printed name: // Tangler Variotory | | | | | | | | | Entered RBDMS | | | | | |
| Title: Franceion Fech | | | | | | | | | Re-test | | | | | |
| E-mail Address: Worder - ar rough a Com | | | | | | | | | | | | | | |
| Date: 97 | 23-20 | 20 | Phone: 470-556-6131 | | | | | | | | | | | |
| | - U 4 | | Witness: | | | | | | | 100 | | - Care | | |
| | | | *************************************** | | | | | | 1000 | | A 200 A | | | |