

Submit 1 Copy To Appropriate District Office

State of New Mexico  
Energy Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88241  
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

**HOBBS OGD**  
**OCT 22 2018**  
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**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-05556 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name East Eumont Unit ✓
8. Well Number 14 ✓
9. OGRID Number 16096 192463 ✓
10. Pool name or Wildcat Eumont Yates 7Rivers QN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3688'

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Oxy USA, WTP, LP

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter A : 660 feet from the North line and 660 feet from the East line  
Section 4 Township 19S Range 37-F NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Casing integrity test <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.

Date of test: 09/26/2018  
Pressure readings: Initial - 500 PSI Ending - 480 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Gary Robinson - NMOCD

Spud Date:

Rig Release Date:

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

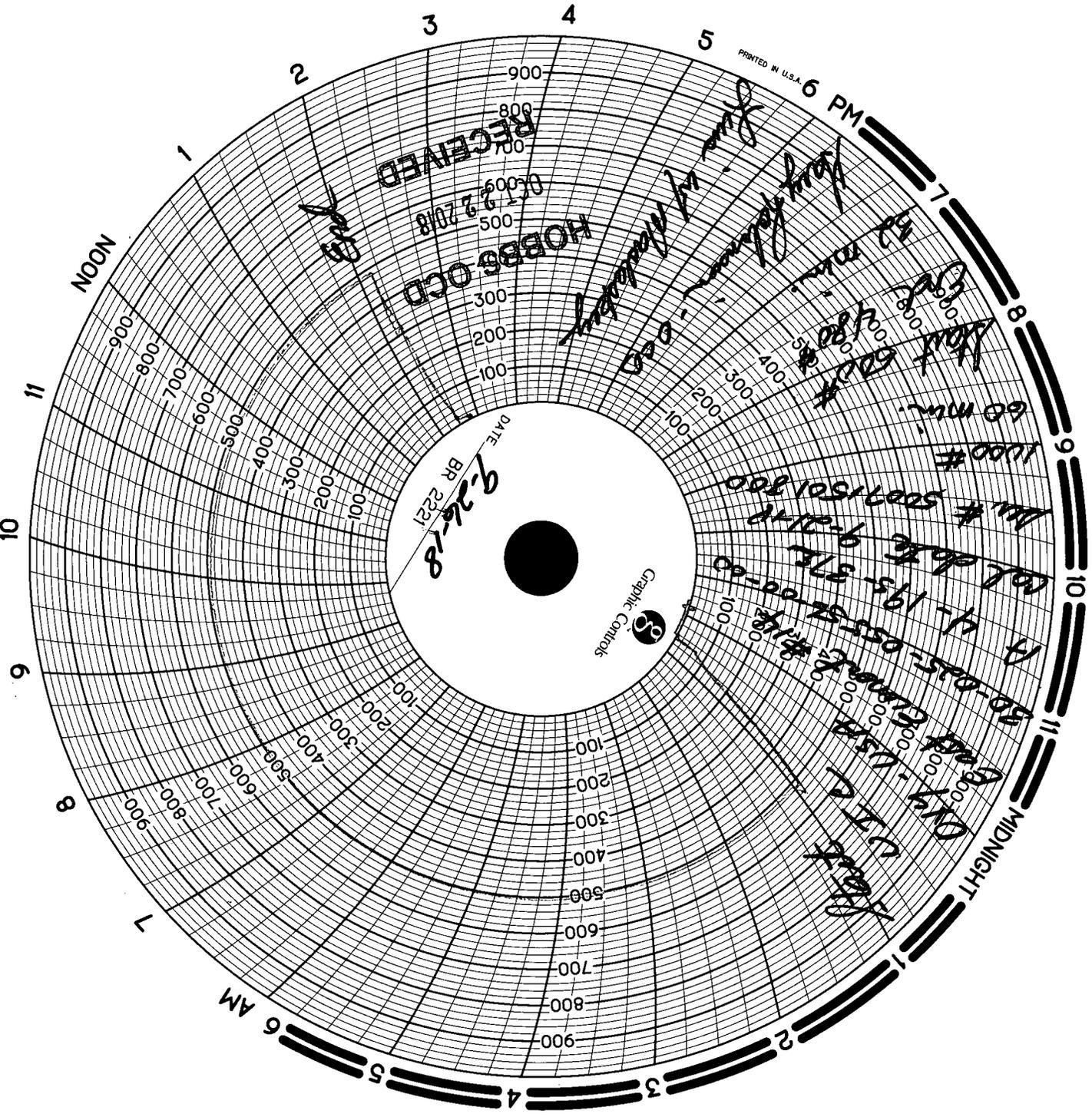
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 10/15/2018

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

**For State Use Only**  
APPROVED BY: Moxley Brown TITLE AO/E DATE 10/22/2018  
Conditions of Approval (if any):

**RBDMS- CHART ✓**

PRINTED IN U.S.A. 6 PM



RECEIVED  
OCT 2 2018

HOBBS-OLD

DATE  
9-26-18  
BR 2221

Graphic Controls

Handwritten notes and numbers scattered across the grid, including:

- 1000#
- M# 5001501300
- Col date 9-27-18
- 11-19-18
- 1000-1
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OCT 22 2018

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

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**BRADENHEAD TEST REPORT**

Operator Name OXYUSA WTP, LTD	API Number 30-025-05556 <input checked="" type="checkbox"/>
Property Name EAST EUMONT UNIT	Well No. 14 <input checked="" type="checkbox"/>

**7. Surface Location**

UL - Lot A	Section 4	Township 19-S	Range 37-E	Feet from 660	N/S Line NORTH	Feet From 660	E/W Line EAST	County LEA <input checked="" type="checkbox"/>
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**Well Status**

Well Status <b>ACTIVE</b>	SHUT-IN <del>WTR</del> <b>W</b>	PRODUCING <b>WTR</b>	DATE <b>9-26-18</b>	<b>Injector</b> <input checked="" type="checkbox"/>
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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 Csing	(E)Tubing
Pressure	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b> <input checked="" type="checkbox"/>
<b>Flow Characteristics</b>					
Puff	Y / N	Y / N	Y / N	<b>0</b> / N	
Steady Flow	Y / N	Y / N	Y / N	Y <b>0</b>	
Surges	Y / N	Y / N	Y / N	Y <b>0</b>	
Down to nothing	Y / N	Y / N	Y / N	<b>0</b> / N	
Gas or Oil	Y / N	Y / N	Y / N	Y <b>0</b>	
Water	Y / N	Y / N	Y / N	Y <b>0</b>	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

Signature: <b>Mendy Johnson</b>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	<b>JK</b>
Date: <b>10/15/18</b>	Phone: 806-592-6280
Witness: <b>Grey Coleman</b>	

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, NM 88240  
505-393-1016

THIS IS TO CERTIFY THAT:

DATE 9-25-18

I, Albert P. ... METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT. 1000 PRESSURE RECORDER.

SERIAL NUMBER  
95001

TESTED AT THESE POINTS.

TEST	PRESSURE - <u>500</u>	
	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</u>	<u>200</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>

TEST	PRESSURE <u>1000</u>	
	AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

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SIGNED: Albert P. ...