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

WELL API NO.
30-025-31650

5. Indicate Type of Lease
STATE ☐ FEE ☐ Fd

6. State Oil & Gas Lease No.

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   SWD

2. Name of Operator
OXY USA Inc.

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

7. Lease Name or Unit Agreement Name
Aracanga Federal

8. Well Number   1

9. OGRID Number
16696

10. Pool name or Wildcat
SWD Delaware

4. Well Location
Unit Letter O : 330 feet from the South line and 2310 feet from the east line
Section 4   Township 23 S Range 32 E NMPM   County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3677'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐		REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐		COMMENCE DRILLING OPNS. ☐ P AND A ☐	
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐		CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: ☑	

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.

TD-9000'   PBTD-5986'   Perfs-5700-5886'   CIBP/Pkr-5649'

1. Notified NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 6/3/19 , circulate well with treated water, pressure test casing to 560 # for 30 min.

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 _____   TITLE   Sr. Regulatory Advisor   DATE 6/26/19

Type or print name   David Stewart   E-mail address: david_stewart@oxy.com   PHONE: 432-685-5717

For State Use Only

APPROVED BY: _____   TITLE Compliance Officer   DATE 7-2-19
Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE 6|3|19
BR 2221

NOON

Rec Mid Reg 6/26/19

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

BRADENHEAD TEST REPORT

Operator Name		API Number
OXY		30-025-31650

Property Name		Well No.
ARACANGA		#1

1. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
O	4	23S	32E		330	S	2310	E	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES (NO)	YES	(NO)	INJ	(SWD)	OIL	GAS		6-3-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	N/P	N/P	0	500
Flow Characteristics					
Puff	Y (N)	Y / N	Y / N	Y (N)	CO2 ___
Steady Flow	Y / (N)	Y / N	Y / N	Y / (N)	WTR ___
Surges	Y / (N)	Y / N	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / (N)	Y / N	Y / N	Y / (N)	
Water	(Y) / N	Y / N	Y / N	Y / (N)	

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

Signature: [signature]	OIL CONSERVATION DIVISION
Printed name: Chris Gaston	Entered into RBDMS [initials]
Title: Prod Tech	Re-test [initials]
E-mail Address: Chris_gaston@oxy.com	
Date: 6-3-19 Phone: [signature]	
Witness: [signature]	

INSTRUCTIONS ON BACK OF THIS FORM

Cel 1/4/19
evm