

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other TEMPORARILY ABANDONED		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator		6. State Oil & Gas Lease No.
3. Address of Operator		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: TA STATUS EXTENSION <input type="checkbox"/>	
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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.

Spud Date:

Rig Release

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9/8/26
 Well needs to be **PLUGGED OR RETURNED**
 to **PRODUCTION**
 BY THE DATE STATED ABOVE: X 7

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

SIGNATURE [Signature] TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 7/11/22

Conditions of Approval (if any)

Occidental Permian Ltd.

ST A-011Y

30-025-37349

Lea Co., NM

Casing OD: 20" @ 40'
Hole size: 26"; Cmt w/ 100 sx.
Circulated

Casing OD: 13 3/8" 48# @ 418'
Hole size: 17.5"; Cmt w/ 650 sx.
Circ 450 sx to surf

Casing OD: 8 5/8" 24/32# H-40 @ 3159'
Hole size: 11"; Cmt w/ 1000 sx.
Circ 151 sx to surf

Casing OD: 5.5" 17# @ 7850'
Hole Size = 7-7/8"; ? Sx
Circulated to surface

CIBP @ 7591 (9/8/09)
Cmmt @ 7570'

Perforations: 7702-7762 (Wolfcamp) - (7/29/05)
Perforations: 7628-7813 (Wolfcamp) - (8/16/05)

PBTD = 7830' (Cement)
TD = 7850'

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

BRADENHEAD TEST REPORT

Operator Name OXY USA WTP LIMITED PARTNERSHIP		API Number 30-025-37349
Property Name STATE A		Well No. 011Y

Surface Location

UL -Lot	Section 29	Township 18S	Range 38E		Feet From 1484	N/S Line S	Feet From 1526	E/W Line E	County LEA
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Well Status

TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No	SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No	INJECTOR <input checked="" type="radio"/> NJ <input type="radio"/> SWD	PRODUCING <input type="radio"/> OIL <input type="radio"/> GAS	DATE 9-8-2021
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

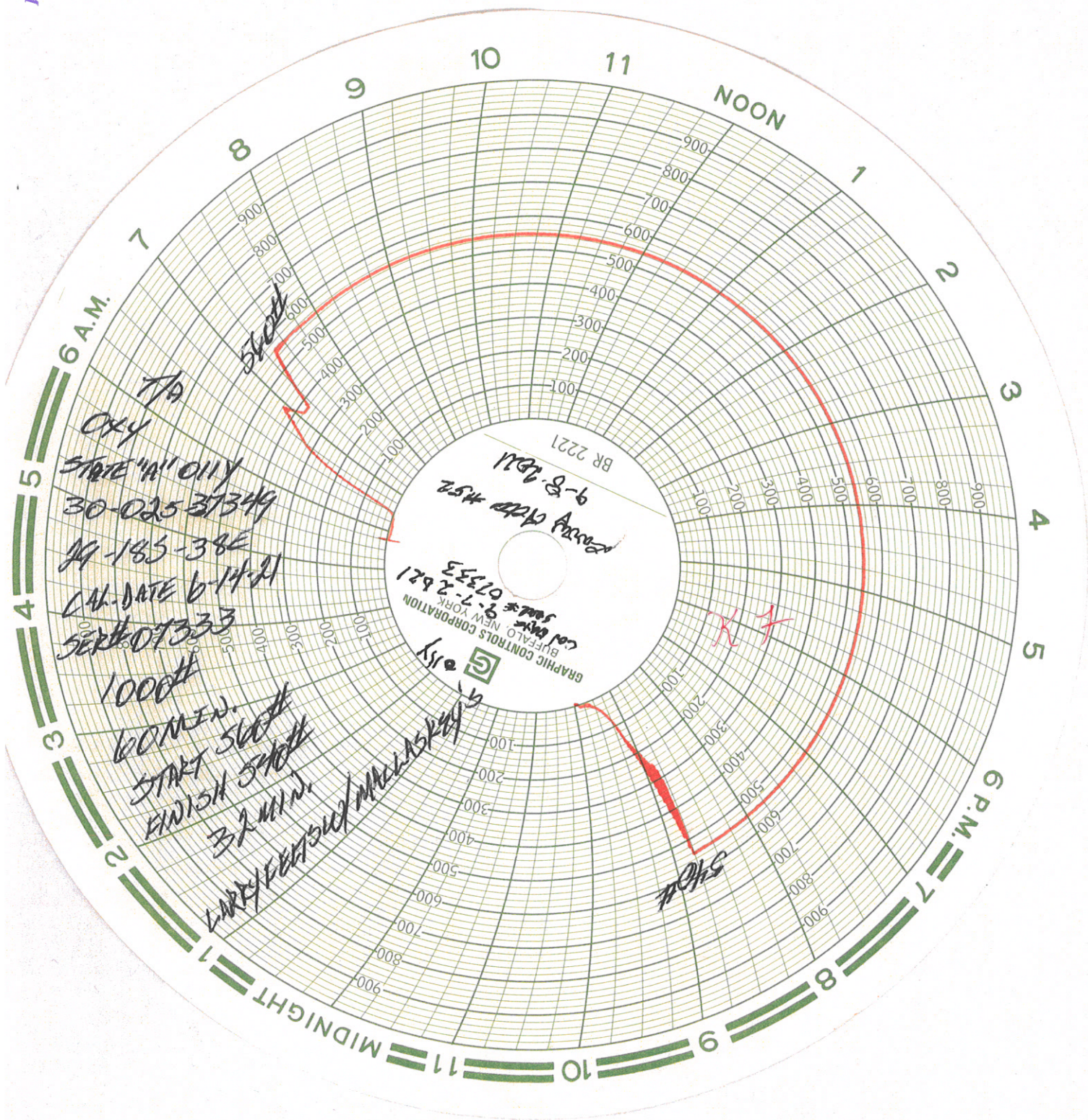
OBSERVED DATA

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

	<u>(A) Surf-Interm</u>	<u>(B) Interm-Interm(2)</u>	<u>(C) Internm-Prod</u>	<u>(D) Prod Csng</u>	<u>(E) Tubing</u>
Pressure	-0-	-0-	NA	-0-	-0-
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	CO ₂ _____
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	WTR _____
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	GAS _____
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	Type of Fluid _____
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Injected for _____
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Water Flood if _____
					applies _____

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

Signature: <u>Justin Saxon</u>		OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON		Entered into RBDMS
Title: SURVEILLANCE LEAD		Re-test
E-mail Address: <u>JUSTIN_SAXON@OXY.COM</u>		X7
Date:	Phone: 806-215-4027	
Witness:		



MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, NM 88240

505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 6-14-2021

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

SERIAL NUMBER

07333

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	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>

PRESSURE <u>1000</u>		
TEST	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:

SIGNED: Adrian

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COMMENTS

Action 55693

COMMENTS

Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 772104294	OGRID: 192463
	Action Number: 55693
	Action Type: [C-103] Sub. Temporary Abandonment (C-103U)

COMMENTS

Created By	Comment	Comment Date
plmartinez	DATA ENTRY PM	7/11/2022

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CONDITIONS

Created By	Condition	Condition Date
kfortner	TA status extended to 9/8/26	7/11/2022