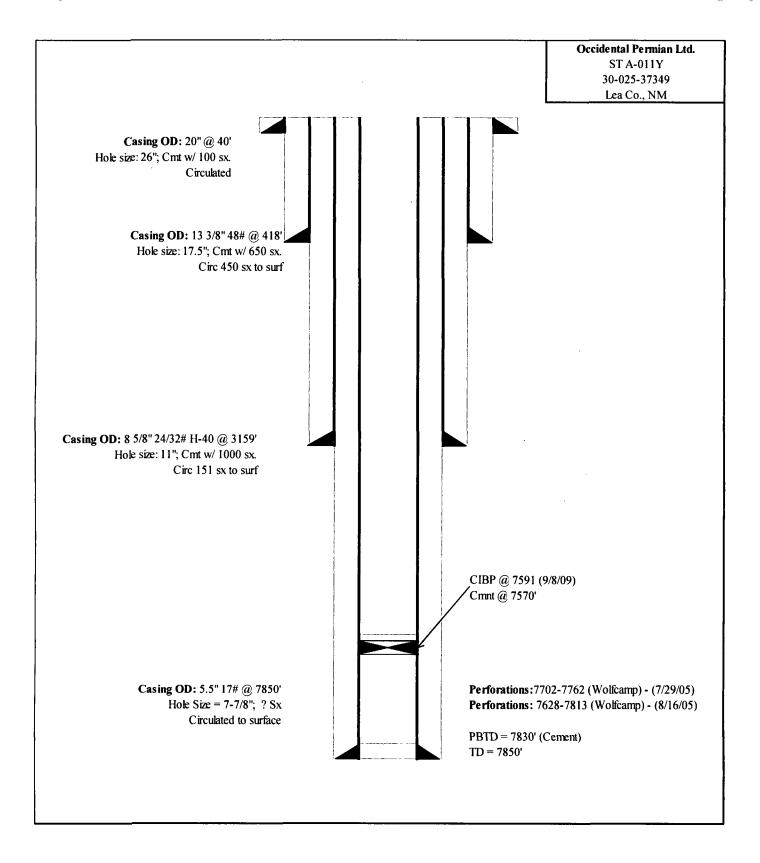
| Dataset C393 393-6161 C393 Reveals Labels NN 88240 Dataset C393 Reveals Labels Lab | Office | State of New Mexico | Form C-103 |
|---|---|--|---|
| OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 S. Indicate Type of Lease STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. STATE FFE State Oil & Giss Lease No. State Oil & Giss Lease No | <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Reso | |
| \$11.5 Fins St. Amesia, NM 8210 District II. (1982) 34-6178 | | | |
| South Ready Rd, Addee, SM \$3400 Santa Fe, NM \$7505 Santa Fe, NM \$7 | 811 S. First St., Artesia, NM 88210 | | 5. Indicate Type of Lease |
| 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 2. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION OF HANGE PLANS 1. Change Plans 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 2. Subsection of texting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completion or recompletion. 3. Date 3. Spand Date: 3. Signature 3. Signature 3. Phone: 4. First State Use Only 4. Signature 4. Well Location 4. Well Location 4. Well Location 4. Well Location 5. Call of the plans 6. Signature 6. Signatu | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR ROPOSALS TO BILLO RT 0 DEEPER OR PLUG BACK TO A DIFFERENT RESERVOR. LIST "APPLICATION FOR PERMIT" (FORM C-10) FOR PLUG BACK TO A DIFFERENT RESERVOR. LIST "APPLICATION FOR PERMIT" (FORM C-10) FOR PLUG BACK TO A DIFFERENT RESERVOR. LIST "APPLICATION FOR PERMIT" (FORM C-10) FOR PLUG 3. Address of Operator 4. Well Location Unit Letter Feet from the Iine and Feet from the Iine and Feet from the Iine and Township NMPM County 11. Elevation (Show whether DR, RKR, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL GASING/CEMENT JOB 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SFE RULLE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. PADD A PILL OR ALTER CASING MULTIPLE COMPL APPROVABLE TA STATUS EXTENSION APPROVABLE STATED ABOVE: FINAL TA STATUS EXTENSION APPROVABLE STATED ABOV | 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, Nivi 8/303 | 6. State Oil & Gas Lease No. |
| 1. Type of Well: Oil Well | SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION" | TO DRILL OR TO DEEPEN OR PLUG BACK T | |
| 2. Name of Operator 3. Address of Operator 4. Well Location Unit Letter Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ASANDON CHANGE PLUG AND ASANDON CHANGE PLANS COMMENCE ORILLING OPNS. PAND A CASING/CEMENT JOB 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 Moltiple Completions: Attach wellbore diagram of proposed completion or recompletion. 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: **THE DATE STATED ABOVE** **THE DATE **Type or print name E-mail address: PHONE: **FOR Nate Use Only **THE DATE **Type or print name DATE **Type or print name E-mail address: PHONE: **The DATE STATED ABOVE** **THE DATE **Type or print name DATE **T | | Well Other TEMPORARILY ABA | NDONED 8. Well Number |
| 4. Well Location Unit Letter : feet from the line and feet from the line Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: TA STATUS EXTENSION 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. Spud Date: Rig Release Rig Release Rig Release Proposed work in the information above is true and complete to the best of my knowledge and belief. SIGNATURE DATE TITLE DATE TITLE DATE TITLE DATE TYPE OF State Use Only. | | | 9. OGRID Number |
| Unit Letter Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | 3. Address of Operator | | 10. Pool name or Wildcat |
| Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CABINDON ALTERING CASING PLUG AND ABANDON COMMENCE ORILLING OPNS PAND A COMMENCE ORILLING OPNS PAND A CASING/CEMENT JOB 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. Spud Date: Rig Release PHONE: TITLE DATE Type or print name E-mail address: PHONE: PHONE: PHONE: PHONE: | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: | | | ~ |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A PULL OR ALTERING CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB P AND A CASING/CEMENT JOB CASING/CEMENT J | 11 | . Elevation (<i>Show whether DR</i> , RRD, R1 | , GR, etc.) |
| PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING COMMENCE DRILLING OPNS PAND A CASING COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB | 12. Check Appr | opriate Box to Indicate Nature of | Notice, Report or Other Data |
| PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING COMMENCE DRILLING OPNS PAND A CASING COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB | NOTICE OF INTER | NITION TO: | SURSEQUENT DEDODT OF: |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE COMMINGLE TA STATUS EXTENSION OTHER: TA STATUS | | | |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: TA STATUS EXTENSION THER: TA STATUS EXTENSION OTHER: TITLE OTHER: TITLE DATE Type or print name E-mail address: PHONE: For State Use Only. | _ | | —————————————————————————————————————— |
| CLOSED-LOOP SYSTEM 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. FINAL TA STATUS - EXTENSION | | JLTIPLE COMPL | 3/CEMENT JOB □ |
| 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. FINAL TA STATUS-EXTENSION | | | |
| 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. 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 + The DATE STATED ABOVE: X + THE DATE STATED ABOVE: TITLE DATE DAT | | □ OTHER | R: TA STATUS EXTENSION |
| Proposed completion or recompletion. Final Ta Status | 13. Describe proposed or completed | | |
| 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 † I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE DATE Type or print name E-mail address: PHONE: | | | ultiple Completions: Attach wellbore diagram of |
| Approval of TA EXPIRES: | proposed completion or recompl | etion. | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | |
| Approval of TA EXPIRES: | | | EINAL TA STATUS EVIENCION |
| Spud Date: Rig Release Rig Re | | Appro | |
| Spud Date: Rig Release Rig Re | | | |
| Rig Release BY THE DATE STATED ABOVE: | | to PP | ODLICTION |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE | Spud Date: | Rig Release BY Th | HE DATE STATED ABOVE: X 7 |
| SIGNATURETITLEDATE Type or print name E-mail address: PHONE: For State Use Only | | | |
| Type or print name E-mail address: PHONE: For State Use Only | I hereby certify that the information above | e is true and complete to the best of my | knowledge and belief. |
| Type or print name E-mail address: PHONE: For State Use Only | SIGNATURE | TITLE | DATE |
| For State Use Only | | | |
| APPROVED BY: TOWN TITLE Compliance Officer A DATE 7/11/22 | For State Use Only | - t | |
| | APPROVED BY: The Conditions of Approval (if any) | Oltrer TITLE Complis | ince Officer A DATE 7/11/22 |



1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S 1st Street, Artesia, NM 88210 Phone: (575) 748-1283 - Fax: (575) 748-9720

State of New Mexico

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

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

Surface Location

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

Well Status

| I | TA'D W | ell | SHU | T-IN | INJECT | ΓOR | PROD | UCING | DATE |
|---|--------|-----|-----|------|---------------|-----|------|-------|----------|
| | Yes | No | Yes | No | (NJ) | SWD | OIL | GAS | 9-8-2021 |
| | | | | | $\overline{}$ | | | | |

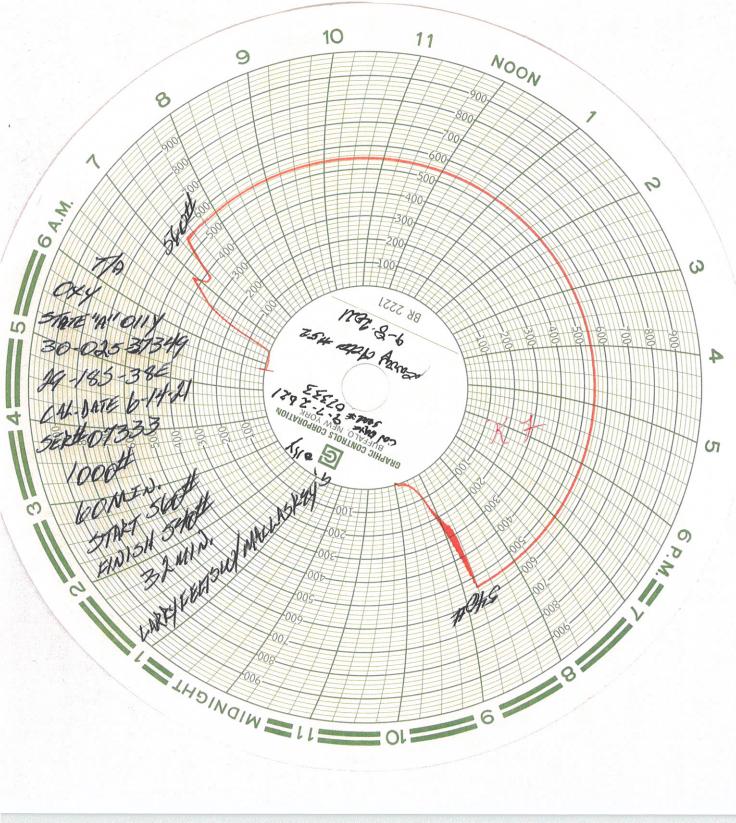
OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH **OBSERVED DATA**

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

| | (A) Surf-Interm | (B)Interm-Interm(2) | (C)Internm-Prod | (D)Prod Csng | (E)Tubing |
|-------------------------|-----------------|---------------------|-----------------|--------------|-----------------|
| Pressure | -0- | -0- | NA | 70- | 70- |
| Flow Characteristics | | • | í | | CO ₂ |
| Puff | Y / 🐼 | Ø/ N | Y / 🖠 | Ø/ N | WTR |
| Steady Flow | Y / 🚱 | Y /6 | Y /N | Y /8 | GAS |
| Surges | Y / 🖒 | Y /(S) | Y// N | Y / 🚫 | Type of Fluid |
| Down to nothing | ⟨() / N | Ø/ N | X / N | Ø/ N | Injected for |
| Gas or Oil | Y (X) | Y / 🔀 | /Y / N | Y / 🐼 | Water Flood if |
| Water | Y /(N) | Y (Cs) | Y/N | Y 🚳 | applies |

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

| Signature: Justin So | axon | OIL CONSERVATION DIVISION |
|------------------------------|---------------------|---------------------------|
| Printed name: JUSTIN SAXO | N | Entered into RBDMS |
| Title: SURVEILLANCE L | EAD | Re-test |
| E-mail Address: JUSTIN SAXON | @OXY.COM | 21 |
| Date: | Phone: 806-215-4027 | Λ 7 |
| | Witness: | |



MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS,N.M. 88240 505-395-1016

| I Albert Redy and | | AN FOR MACLASKEY OI | |
|---------------------------------|-------------------|---------------------------------------|----------|
| SERVICES, INC. HAS (INSTRUMENT. | CHECKED THE CALL | BRATION ON THE BOLD PRESSURE RECORDE | |
| | | | 7333 |
| TESTED AT THE | | pressure 100 | D |
| | \$00 CORRECTED | TEST AS FOUND Soe Coo | CORRECT |
| 100 200 200 300 | | 100 210 200 600 200 800 | |
| <u> </u> | | <u> </u> | <u> </u> |
| REMARKS | r e | | |
| | - | | |
| | | , , , , | |

SIGNED: Adutt

THIS IS TO CERTIFY THAT:

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

COMMENTS

Action 55693

COMMENTS

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

COMMENTS

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

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 55693

CONDITIONS

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

CONDITIONS

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