Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.

SUNDRY Do not use thi abandoned wel	Lease Serial No.     NMNM22634     If Indian, Allottee or Tribe Name									
SUBMIT IN T	7. If Unit or CA/Agreement, Name and/or No.									
Type of Well     ☐ Gas Well ☐ Oth	8. Well Name and No. BIG EDDY UNIT 117									
Name of Operator     WPX ENERGY PERMIAN, LL	9. API Well No. 30-015-27261									
3a. Address 3500 ONE WILLIAMS CENTE TULSA, OK 74103	(include area code) 10. Field and Pool of SWD; DELAV			Exploratory Area RE						
4. Location of Well (Footage, Sec., T.	11. County or Parish, State									
Sec 25 T22S R28E 330FSL 3: 32.357421 N Lat, 104.048957		EDDY COUNTY, NM								
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA				
TYPE OF SUBMISSION										
□ Notice of Intent  Subsequent Report □ Final Abandonment Notice  13. Describe Proposed or Completed Opto If the proposal is to deepen directions Attach the Bond under which the word following completion of the involved testing has been completed. Final Abandetermined that the site is ready for final WPX ENERGY PERMIAN, LL NMLC0069159A	Illy or recomplete horizontally, k will be performed or provide operations. If the operation re andonment Notices must be fil nal inspection.	New Plug Plug Plug sent details, includ give subsurface the Bond No. or sults in a multipl led only after all	raulic Fracturing Construction and Abandon Back ing estimated starting locations and measurable with BLM/BIA e completion or reco	☐ Reclamation ☐ Recomp ☐ Tempor ☐ Water □ g date of any pred and true ve . Required sulmpletion in a ring reclamation	olete arily Abandon Disposal roposed work and approx ritical depths of all perting sequent reports must be new interval, a Form 3160 n, have been completed a	ent markers and zones. filed within 30 days 0-4 must be filed once				
			Accepted - KMS N	MOCD						
14. I hereby certify that the foregoing is	Electronic Submission #	538409 verifie RGY PERMIAN	d by the BLM Wel	I Information Carlsbad	ı System					
Name (Printed/Typed) CAITLIN O'HAIR			Title REGULATORY SPECIALIST							
Signature (Electronic S	Submission)		Date 11/23/20	020						
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved By  Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the second of the se	uitable title to those rights in the ct operations thereon.	e subject lease	Title Office			Date Date				
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a	crime for any pe	rson knowingly and	willfully to ma	ike to any department or a	agency of the United				

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

<u>District II – Artesia</u>

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 Artesia District Office

BRADENHEAD TEST REPORT

ZOPX Enun	Operator I		30-015 -2726/							
00		Well No.								
Big Eddie 117 Well No.										
<sup>7</sup> Surface Location										
UL - Lot Section To	winship Range		from N/S I		Feet From	E/W Line	Eddy			
25 22 28   330   330   Eddy   Well Status										
TA'D Well	SHUT-IN		CTOR	PRODUCER DATE			DATE			
YES NO INJ SWD		SWD	OIL GAS		11-20-2020					
OBSERVED DATA										
	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2	2)	(D) Prod Casing		(E) Tubing			
Pressure										
Flow Characteristics		NA	NA	2						
Puff	Y/N	Y/ N		'/ N	Y/ 30		CO2			
Steady Flow	YIK	Y/ N	Y	/ N	Y/(X)		WTR			
Surges	YIK	Y/ N	Y	/ N	Y/ K)		GAS			
Down to nothing	YIN	Y/ N	Y	/ N	Y/ N		If applicable type			
Gas or Oil	YIN	Y/ N	Y	/ N	Y/ 🕥		fluid injected for			
Water	Y/(x)	Y/ N	Y	/ N	Υ/	0	Waterflood			
If Braden head flowed water, check all the	descriptions that apply:									
CLEAR	FRESH	SALTY	l s	SULFUR		BLACK				
						BLACK				
Remarks: Please state for each strin	g (A, B, C, D, E) pertinent infor	mation regarding bleed do	vn or continuous build	up if applies.						
	Accepted fo	r record test not	witnessed							
		S 12-4-2020								
Signature:										
Caitlin O'Hair 539-573-3527				OIL CONSERVATION DIVISION						
Printed name: Danny Smolik				Entered RBDMS						
Title: Compliance Office O				test						
E-mail Address: danny.smolik@	estate.nm.us									
Date:	Phone: 575-626-083	6								
Witness:										