

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.	30-015-42234
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	40473
7. Lease Name or Unit Agreement Name	LVP SWD
8. Well Number	001
9. OGRID Number	246289
10. Pool name or Wildcat	SWD; DELAWARE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,009.4' GL	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	SALT WATER DISPOSAL
2. Name of Operator	WPX Energy Permian, LLC
3. Address of Operator	3500 ONE WILLIAMS CENTER MD 35 TULSA, OK 74172
4. Well Location Unit Letter I : 2100 feet from the SOUTH line and 385 feet from the EAST line Section 04 Township 23S Range 28E NMPM EDDY County	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: BRADENHEAD 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.

Please see the attached for a copy of the Bradenhead Test performed on 02/07/2020.

RECEIVED

FEB 20 2020

EMNRD-OCD ARTESIA

Spud Date:

07/08/2014

Rig Release Date:

07/18/2014

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

SIGNATURE

Caitlin O'Hair
Caitlin O'Hair

TITLE

Regulatory Tech III

DATE

02/14/2020

Type or print name

E-mail address:

caitlin.ohair@wpxenergy.com

PHONE:

539-573-3527

For State Use Only

APPROVED BY:

Doan

TITLE

Compliance Officer

DATE

2-21-20

Conditions of Approval (if any):

District II – Artesia811 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

Operator Name <i>WPK energy permian LLC</i>	³ API Number <i>30-015-42234</i>
Property Name <i>LVP 001</i>	Well No. <i>001</i>

7. Surface Location

UL - Lot	Section <i>4</i>	Township <i>23</i>	Range <i>28</i>	Feet from <i>2100</i>	N/S Line	Feet From <i>385</i>	E/W Line	County <i>Eddy</i>
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Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>2-7-20</i>
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure <i>450</i>					
Flow Characteristics			<i>N/A</i>		
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	CO2 _____
Steady Flow	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	WTR _____
Surges	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	GAS _____
Down to nothing	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	If applicable type
Gas or Oil	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	fluid injected for
Water	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>D. Smolik</i>		OIL CONSERVATION DIVISION	
Printed name: Danny Smolik		Entered RBDMS	
Title: Compliance Office O		Re-test	
E-mail Address: danny.smolik@state.nm.us			
Date:	Phone: 575-626-0836		
Witness:			