

WELL API NO.

30-025-20423

5. Indicate Type of Lease

STATE ☐ FEE ☐ ☒ F2

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Proximity 31 Federal

8. Well Number

4

9. OGRID Number

16696

10. Pool name or Wildcat

SWD Delaware

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

4. Well Location

Unit Letter B : 660 feet from the north line and 2005 feet from the east line
Section 31 Township 22S Range 32E NMPM County Lea

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

3527

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: MIT ☒

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-7225' PBTD-7170' Perfs-4734-5590' EMP/Pkr-4644'

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 500 # 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):



Graphic Controls

DATE 6-3-19
BR 2221

NOON 11
Rec Mid Res 6/26/19

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

BRADENHEAD TEST REPORT

Operator Name OXY		API Number 30-025-20423	
Property Name Proximity 31 Fed		Well No. #4	

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
B	31	22S	32E	660	N	2085	E	Lea

Well Status



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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	500
Flow Characteristics					
Pull	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.

UIC

Signature: 		OIL CONSERVATION DIVISION	
Printed name: Chris Gaston		Entered into RBDMS 	
Title: Prod Tech		Re-test	
E-mail Address: Chris-gaston@oxy.com			
Date: 6-3-19	Phone: 575-390-2011		
Witness: Shirley Robinson			

INSTRUCTIONS ON BACK OF THIS FORM

*email
6/11/19*