

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

WELL API NO. 30-015-44117
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TURKEY TRACK 9 10 STATE
8. Well Number #021H
9. OGRID Number 192463
10. Pool name or Wildcat [60660] TURKEY TRACK;BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

2. Name of Operator
OXY USA WTP LP

3. Address of Operator
PO BOX 4294, HOUSTON, TX 77210

4. Well Location
Unit Letter H : 2120 feet from the NORTH line and 395 feet from the EAST line
Section 8 Township 19S Range 29E NMPM County EDDY

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	MIT FOR CLGC <input type="checkbox"/>
	OTHER: <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.

AN MIT WAS CONDUCTED FOR THE SUBJECT WELL AT 110% OF THE PROPOSED MAX PRESSURE (1335 PSI) OF THE CLOSED LOOP GAS CAPTURE (CLGC) WELL. PLEASE SEE ATTACHED DOCUMENTS.

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 STEPHEN JANACEK TITLE REGULATORY ENGINEER DATE 8/16/23

Type or print name STEPHEN JANACEK E-mail address: STEPHEN_JANACEK@OXY.COM PHONE: 713-493-1986

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



Oxy

Turkey Truck 9-10

State 21#

API # 3001544117

12" Barton Recorder
 Calibration Date
 07-08-23
 Serial # 120215363000

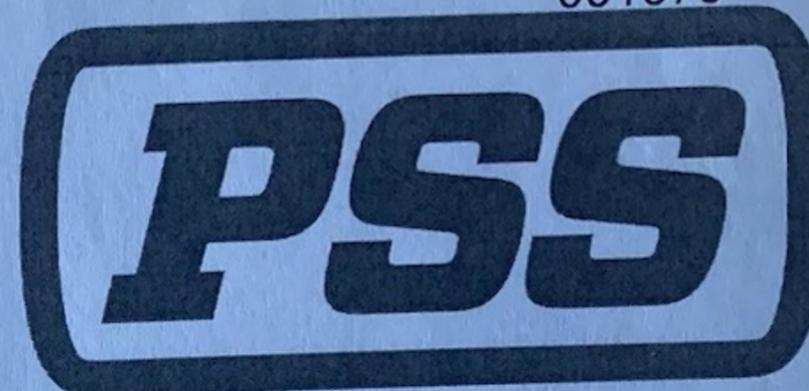
REMARKS
 LOCATION
 CHART PUT ON
 M
 TAKEN OFF
 M
 METER
 CHART NO. MC MP-3000-150F
 SODIV
 Graphic Controls LLC

001670

CALIBRATION CERTIFICATE

DATE CALIBRATED: 7/8/2023
EXPIRATION DATE : 7/8/2024

- PRESSURE ONLY -



PIPELINE SUPPLY & SERVICE

TYPE OF INSTRUMENT CALIBRATED: 12" BARTON SINGLE-PEN RECORDER
SERIAL NUMBER: 120215363002
INDICATED RANGE: 0-3000 +/- 0.10%

☉ REFERENCE HEIGHT (IN/CM): 2.5IN (6.4CM)
☉ BASED ON INTERNATIONAL STANDARDS OF GRAVITY: (980.665 CM/SQ)
☉ BASED ON CALIBRATED PISTON AREA: (CM/SQ 0.079332) (IN/SQ 0.012297)
☉ TYPE OF STANDARD USED TO CALIBRATE: CHANDLER DEADWEIGHT TESTER
☉ DEADWEIGHT TYPE: (55-100P-B-T) SERIAL NO: 26494 & SERIAL NO: 26714

ALL STANDARDS ARE TRACEABLE TO THE NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGIES.
TEST NO: (836/8366608)

CALCULATED USING MASS VALUES, AREA, A₀ AND STATED GRAVITY
ROOM TEMPERATURE (AT TIME OF TEST): 75F (23.9C)

CALIBRATED BY: ZACKERY HARJO SIGNATURE: Z. H.

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- Blow or Puff Yes or No
- Bled down to Nothing Yes or No
- Steady Flow Yes or No
- Oil or Gas Yes or No
- Water Yes or No

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 2 Artesia office since this must be reported on a form. In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

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1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS
 Action 252655

CONDITIONS

Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 772104294	OGRID: 192463
	Action Number: 252655
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	8/25/2023