

Submit a 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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-015-25271
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Saltwater Disposal <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator DCP Midstream LP		6. State Oil & Gas Lease No.
3. Address of Operator 370 17 th Street, Suite 2500, Denver, CO 80202		7. Lease Name or Unit Agreement Name Artesia Gas Plant SWD
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>7</u> Township <u>18S</u> Range <u>28E</u> NMPM _____ County <u>Eddy</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.): 3608 GR		9. OGRID Number 36785
10. Pool name or Wildcat Artesia Field Area		

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: (Mechanical Integrity 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.

The MIT was conducted on Wednesday, April 26, 2023, at 9:40 am (MT). Barbara Lydick, (NMOCD) was on site to provide oversight/approval of the MIT and bradenhead test (BHT). Below is a step-by-step summary of the tests with results:

- The annular space pressure between casing and tubing was 0 psi prior to the start of the MIT. Approximately 1,700 BPD of saltwater was being injected with a tubing pressure was 500 psi (crown gauge).
- Lines from the freshwater pump truck and a calibrated chart recorder were attached to the annular space well valve to record the pressure changes. The chart recorder started at 10:22 am, and at 10:29 am the pressure was increased to 570 psi.
- The chart recorder and well were isolated from the pump truck; the MIT began at 10:30 am.
- At 11:02 am (32 minutes) the annulus pressure was 560 psi, a loss of 10 psi (1.7% decrease), with stable conditions during the last 25 minutes of the test.
- The brine was then bled from the annulus to reduce the pressure to 0 psi and the chart recording was stopped.

Before the start of the MIT, a Bradenhead test was conducted by the NMOCD by opening the surface and production casing valves to the atmosphere to observe and document any flow. The surface valve remained open during the MIT.

Please see the attached approved MIT pressure chart, BHT documentation, and chart calibration sheet.

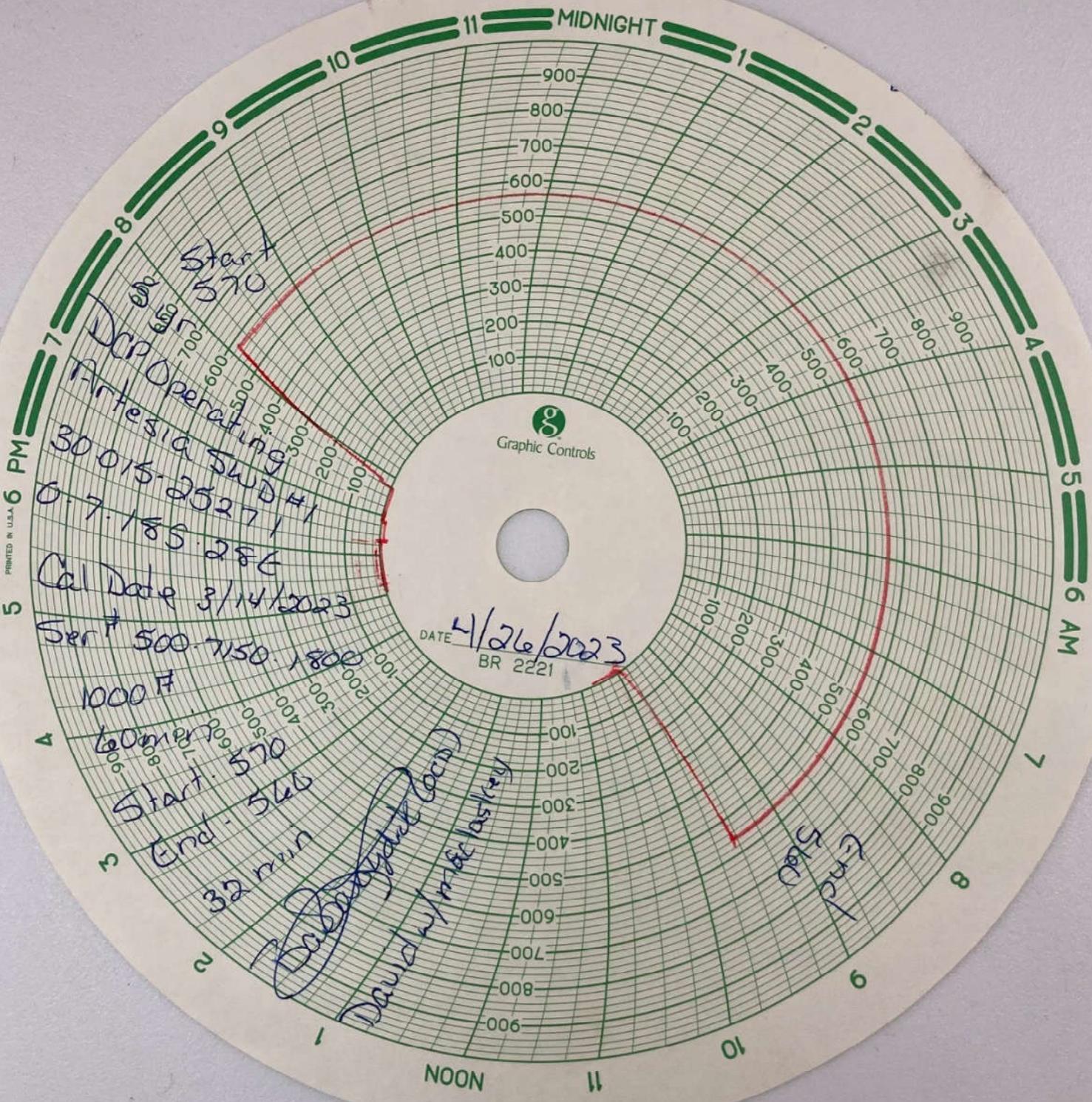
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dale T Littlejohn
 Type or print name Dale T Littlejohn
For State Use Only

TITLE Consultant to DCP Midstream
 E-mail address: dale@geolex.com

DATE 4/26/2023
 PHONE: (505) 842-8000

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____



South District-Artesia

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

BRADENHEAD TEST REPORT

Operator Name DCP Operating	API Number 30-015-25271
Property Name Artesia SWD	Well No. 1

2. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
0	7	18S	28E	330	S	2310	E	Eddy

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ INJECTOR <input type="radio"/>	SWD <input checked="" type="radio"/>	OIL PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 4/26/2023
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			0	500
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if applies

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

~~ACG AGI MIT / BHT~~
DCP ARTESIA SWD BHT - OK

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 4/26/23	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MACLASKEY OILFIELD SERVICES

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

THIS IS TO CERTIFY THAT:

DATE: 3-14-23

Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER
500 9150 1800

TESTED AT THESE POINTS.

PRESSURE <u>500</u>			PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECTED	TEST	AS FOUND	CORRECT
<u>0</u>	<u>100</u>	<u>✓</u>	<u>500</u>	<u>600</u>	<u>✓</u>
<u>100</u>	<u>200</u>	<u>✓</u>	<u>600</u>	<u>700</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>	<u>700</u>	<u>800</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>	<u>800</u>	<u>900</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>	<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS: _____

SIGNED: Albert Rodriguez

District I
 1625 N. French Dr., Hobbs, NM 88240
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 Phone:(505) 476-3470 Fax:(505) 476-3462

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 212533

CONDITIONS

Operator: DCP OPERATING COMPANY, LP 6900 E. Layton Ave Denver, CO 80237	OGRID: 36785
	Action Number: 212533
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	3/21/2024