

State of New Mexico
Energy, Minerals and Natural Resources Department

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Via E-permitting

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Seismicity Response Protocol Information Form

This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.

Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal wells or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have an approved injection permit but have not yet been drilled or commenced injection.

Well Information

I. Operator: OXY USA WTP LIMITED PARTNERSHIP **OGRID:** 192463 **OCD notification date** 05/10/2023

Well Name ROCKY HILLS SWD #002 **API#** 30-015-30600

II. Type of Notification: ☒ Original ☐ Amendment ☐ Other

If Other, please describe: _____

III. Seismic event information: **Magnitude** 3.5 **Location** 32.363 lat, -104.473 long., **Date of occurrence** 04/18/2023
Source of information (i.e. USGS, NMTSO, TexNet, other) USGS **Depth of occurrence** 1.9 KM

IV. Well(s): Provide the following information for each well permitted within a 10-mile proximity of the epicenter.

Injection Order	Distance from epicenter	Perforated and/or open-hole interval (Vertical Depth)	Formation/s completed
SWD-738	7.47	10343-11307	SWD; Devonian

V. ☒ An updated well bore diagram is required to be attached, which identifies the current injection intervals (perforations and/or open hole), formation tops, measured depth, vertical depths and Sub-Sea True vertical depths.

VI. Well Information Prior to Injection Volume Reduction: Provide the following information for each well identified in Section IV. Daily rates and pressures are based on the active injection days during the prior 6-month period.

Avg daily injection rate (prior to reduction)	Avg injection daily pressure (prior to reduction)	Well Type (Commercial, lease only, single operator)
0	0	Single

VII. Well Information After Injection Volume Reduction: Provide the following information for each well identified in Section IV.

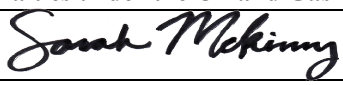
Avg daily injection rate limit (post reduction)	Avg injection daily pressure limit (post reduction)	Reduction %	Reduction start date	Reduction achieved date
0	0	25%	04/18/2023	04/18/2023

Acknowledgments

Operator acknowledges that it must take the following actions as part of its seismic response protocol:

- ☒ Operator shall report the daily injection volumes and pressures for each well on a weekly basis on the form prescribed by the OCD. The report is due on the Wednesday the week following the weekly monitoring interval.
- ☒ Operator shall start or continue to digitally measure injection volumes and pressures for each well at a minimum of an hourly basis, and shall archive the data and make it available to OCD upon receipt of a written request.
- ☒ Operator shall monitor seismicity events with magnitudes equal to or greater than M2.5 within a radius of 10 miles around each well using USGS / NMTSO data, and shall archive the data and make it available to OCD upon receipt of a written request.
- ☒ Operator shall notify OCD and provide updated pertinent well information within 24 hours of an event greater than M 2.5 within a radius of 10 miles around each well using this OCD form.
- ☒ After each event greater than M 2.5 within a radius of 10 miles around each well, Operator shall inspect well head and well equipment of each well to ensure proper working order. As part of this inspection, Operator should evaluate whether a Bradenhead test or MIT is warranted to ensure wellbore integrity.

I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.

Signature:	
Printed Name:	Sarah McKinney
Title:	Regulatory Analyst Sr.
E-mail Address:	sarah_mckinney@oxy.com
Date:	05/10/2023
Phone:	713-215-7295

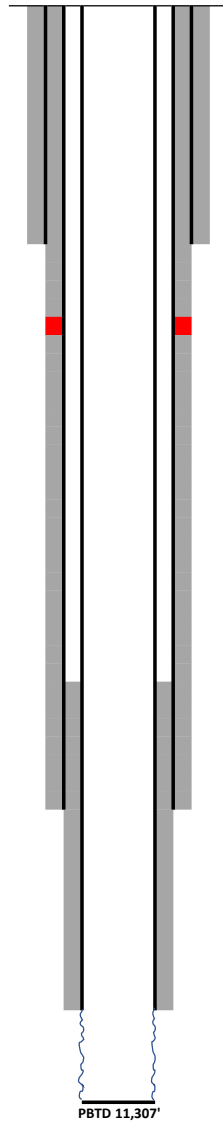


OXY USA WTP LP.

CURRENT WBD

ROCKY HILLS SWD #002

API# 30-015-30600
 Loc. 1400' FSL, 800' FWL S20-T21S-R24E
 County/State Eddy County, NM
 GL 3810'



13 3/8" 54.5# K-55 Casing set @ 1206'
 Cemented w/ 905 sx Cement, TOC - Unknown

DV TOOL @ 6322'

Gent. Tops per 10 per		
San Andres	7111	
Glorieta	2378	Ward Fern 10288
Bone Spring	3042	S-D 10342
3rd Sand	6544	
Wolfcamp	7010	
Cisco	7472	
Strawn	8200	
Arche	8876	
Morrow	9072	
MISS	9918	

TIE-BACK PBR, 7" 26# L-80 TO SURFACE
 Liner Top @ 9408'

9 5/8" 48 & 54# L-80 casing set @ 9790'
 Cemented w/ 3250 sx Cement, TOC Surface Circulated

7" 26# L-80 casing set @ 10,343'
 Cemented with 300 sx cement, Circulated

OPENHOLE COMPLETION 10,343-11,307

PBTD 11,307'

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/oed/contact-us>

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DEFINITIONS

Action 215520

DEFINITIONS

Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 772104294	OGRID: 192463
	Action Number: 215520
	Action Type: [UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI)

DEFINITIONS

For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application: this application's operator, hereinafter "this operator".
This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.
Applicability: This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal well or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have an approved injection permit but have not yet been drilled or commenced injection.

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QUESTIONS

Action 215520

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	Action Number: 215520
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QUESTIONS

Prerequisites	
Well	[30-015-30600] ROCKY HILLS SWD #002

Seismic Event Information

The source and reference ID is required, if you would like to submit information of a new seismic event.

Source of information (i.e., USGS, NMTSO, TexNet, other)	USGS
Reference ID from source of information	us6000k5di
Magnitude	3.5
Latitude	32.36300
Longitude	-104.47300
Date of occurrence	04/18/2023
Depth of occurrence (kilometers)	1.90

Injection Order

Please indicate the latest (current) injection order permitting injection for this well.

Admin Order (SWD-#)	SWD-738-0 [pDEV0020900738]
Hearing Order (R-#)	Not answered.

Well Information

The following information is required for each well permitted within a 10-mile proximity of the epicenter.

Distance from epicenter (miles)	7
Top perforated and/or open-hole interval (vertical depth in feet)	10,343
Bottom perforated and/or open-hole interval (vertical depth in feet)	11,307
Formation(s) completed	SWD; Devonian

Well Information Prior to Injection Volume Reduction

Daily rates and pressures are based on the active injection days during the prior 6-month period.

Average daily injection rate (BBLS per day), prior to reduction	0
Average injection daily pressure (PSI), prior to reduction	0
Well Type (i.e., Commercial, Lease Only, Single Operator)	Single

Well Information After Injection Volume Reduction

The following information is required for each well permitted within a 10-mile proximity of the epicenter.

Required injection rate reduction percentage (0%, 25%, 50%, Shut-in)	25%
Average daily injection rate (BBLS per day) limit, post reduction	0
Average injection daily pressure (PSI) limit, post reduction	0
Reduction start date	04/18/2023
Reduction achieved date	04/18/2023

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CONDITIONS

Created By	Condition	Condition Date
stacy.sandoval	None	1/23/2025