

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

RECEIVED New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

NOV 18 2019
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
DISTRICT/ARTESIA O.C.D.
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, November 13, 2019 at 9:00 am (MT). Dan Smolik, (NMOCD) was on site to provide oversight and approve the test. Below is a step-by-step summary of the MIT and the observed results:

1. The annular space pressure between casing and tubing was not measured prior to the start of the MIT (no gauge). Disposal was not occurring at the time of the test; the tubing pressure was 240 psi (crown gauge).
2. The annular space pressure was opened to a brine line (pump) and a calibrated chart recorder was installed.
3. The annular pressure was bled down to 0 psi and the chart recorder was started at 9:22 am.
4. At 9:24 am the pressure was slowly increased by pumping brine from the truck to achieve a pressure of 580 psi.
5. The chart recorder and well were isolated from the pump truck and the MIT began at 9:27 am.
6. At 9:59 am (32 minutes) the annulus pressure was 550 psi, a loss of 30 psi (5.2% decrease).
7. The brine was bled from the annulus to reduce the pressure to 0 psi and the chart recording was stopped.
8. Prior to disconnection from the truck, the annular pressure was increased to 50 psi for normal operations.

Before the start of the MIT, a Bradenhead test was conducted by the NMOCD by opening the surface/production casing and production casing/tubing annulus valves to the atmosphere in order to observe and document the flow, if present.

Please see the attached MIT pressure chart, NMOCD approval form, calibration sheet, and Bradenhead test documentation.

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

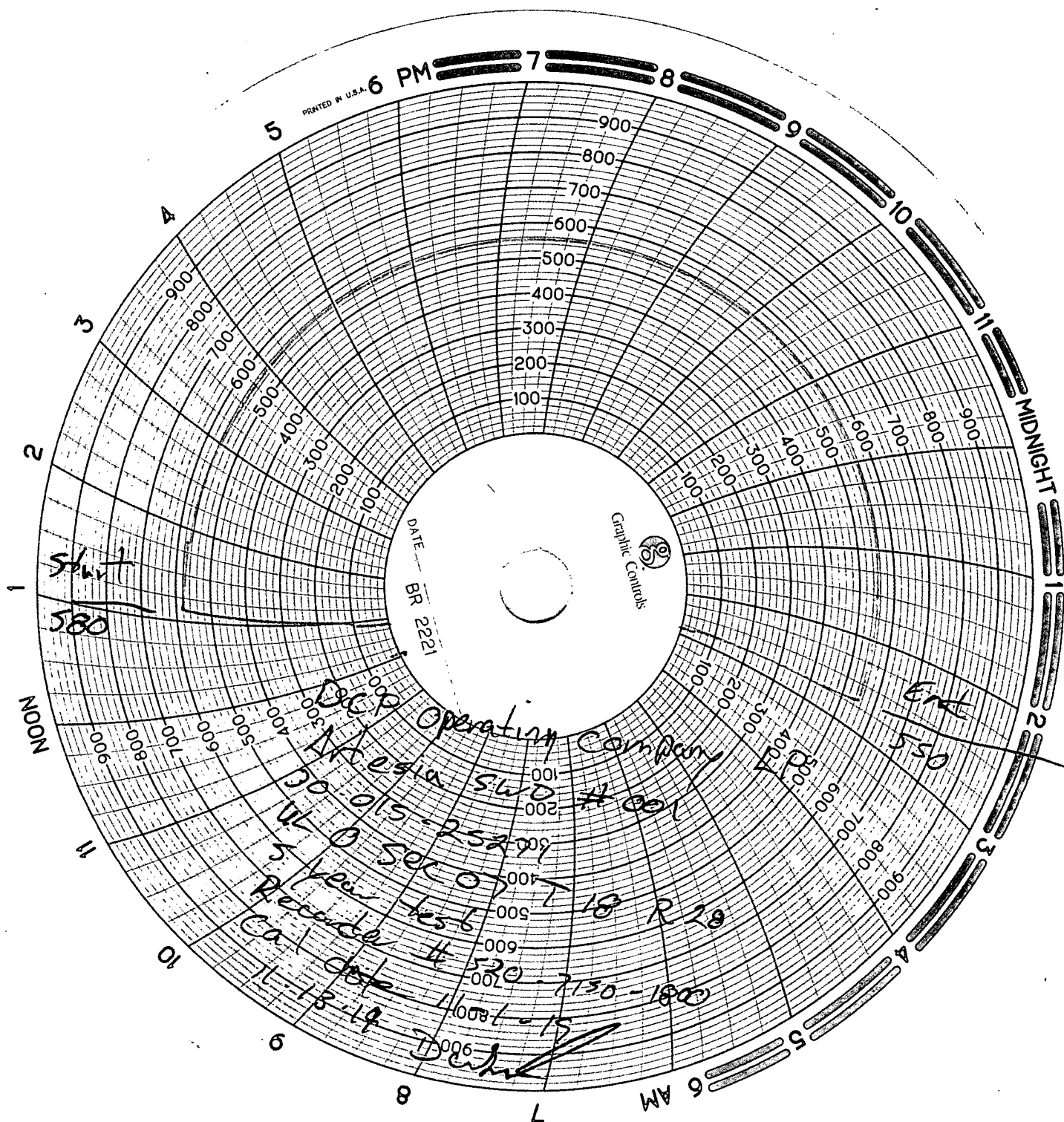
SIGNATURE Dale T Littlejohn
Type or print name Dale T Littlejohn

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

DATE 11/15/2019
PHONE: (505) 842-8000

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 11-19-19
Conditions of Approval (if any):



State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD
Deputy Secretary

Gabriel Wade, Acting Director
Oil Conservation Division



Date: 11-13-19

API# 30-015-25271

A Mechanical Integrity Test (M.I.T.) was performed on, Well Artesia SWD #001

☒ M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached Original C-103 Form indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCOnline.htm 7 to 10 days after postdating.

☐ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

☐ M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

☐ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

☐ M.I.T. is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact Rusty Klein at 575-748-1283 x109 for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You,


Dan Smolik, Compliance Officer

EMNRD-O.C.D.

District II - Artesia, NM

MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOES, N.M. 88240

505-395-1016

THIS IS TO CERTIFY THAT:

DATE 11/19

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

SERIAL NUMBER

500-7150-1000

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</u>	<u>200</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>

PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

SIGNED

Art Cole

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>D.C.P. Operating Company LP</i>	API Number <i>30-015-25271</i>
Property Name <i>Artesia SWD</i>	Well No. <i>001</i>

1. Surface Location

UL - Lot <i>0</i>	Section <i>07</i>	Township <i>18</i>	Range <i>28</i>	Feet from <i>330</i>	N/S Line	Feet From <i>2310</i>	E/W Line	County <i>Eddy</i>
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>11-13-19</i>
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure <i>8</i>					
Flow Characteristics	<i>NA</i>				
Puff	Y/ N	Y/ N	Y/ N	<input checked="" type="checkbox"/> 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	If applicable type
Gas or Oil	Y/ N	Y/ N	Y/ N	Y/ N	fluid injected for
Water	Y/ N	Y/ N	Y/ N	Y/ 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>Danny 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: <i>11-13-19</i>	Phone: 575-626-0836		
Witness:			

Phillips Petroleum Company
Artesia SWD Well No. 1
330' FSL, 2310' FEL, Section 7, T-18-S, R-28-E

