

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

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. 30-025-05600 | <input checked="" type="checkbox"/> |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. B2330 | <input checked="" type="checkbox"/> |
| 7. Lease Name or Unit Agreement Name East Eumont Unit | <input checked="" type="checkbox"/> |
| 8. Well Number 41 | <input checked="" type="checkbox"/> |
| 9. OGRID Number 192463 | <input checked="" type="checkbox"/> |
| 10. Pool name or Wildcat Eumont Yates/7RVR ON | |

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 Injector

2. Name of Operator
Oxy USA WTP Limited Partnership

3. Address of Operator
2611 State Hwy 214 Denver City, TX 79323

4. Well Location
 Unit Letter E : 1980 feet from the North line and 660 feet from the West line
 Section 15 Township 19-S Range 37-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3652'

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: Casing 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.

Date of test: 06/06/2019
 Pressure readings: Initial - 580 PSI Ending - 580 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Gary Robinson - NMOCD

HOBBS OCD
JUN 24 2019
RECEIVED

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 Mendy A. Johnson TITLE Administrative Associate DATE 06/18/2019

Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280

For State Use Only

APPROVED BY: Gary Robinson TITLE Comptroller's Office DATE 6-25-19
 Conditions of Approval (if any):

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

JUN 24 2019

RECEIVED

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

BRADENHEAD TEST REPORT

| | |
|-----------------------------------|----------------------------|
| Operator Name OXY USA WTP, LTD | API Number 30-025-05600 |
| Property Name EAST EUMONT UNIT | Well No. 41 |

7. Surface Location

| | | | | | | | | |
|---------------|---------------|-----------------|--------------|-------------------|-------------------|------------------|------------------|---------------|
| UL - Lot E | Section 15 | Township 19S | Range 37E | Feet from 1980 | N/S Line NORTH | Feet From 660 | E/W Line WEST | County LEA |
|---------------|---------------|-----------------|--------------|-------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | |
|------------------------------|----------------------|-------------------------|-----------------------|
| Well Status <i>ACTIVE</i> | SHUT-IN <i>NO</i> | PRODUCING <i>INS</i> | DATE <i>6-6-19</i> |
|------------------------------|----------------------|-------------------------|-----------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csgng | (E)Tubing |
|-----------------------------|-----------------|------------------------|----------------|-----------------|-----------|
| Pressure | 0 | N/A | N/A | 0 | 0 |
| Flow Characteristics | | | | | |
| Puff | Y/ N | Y/N | Y/N | Y/ N | |
| Steady Flow | Y/ N | Y/N | Y/N | Y/ N | |
| Surges | Y/ N | Y/N | Y/N | Y/ N | |
| Down to nothing | Y /N | Y/N | Y/N | Y /N | |
| Gas or Oil | Y/ N | Y/N | Y/N | Y/ N | |
| Water | Y/ N | Y/N | Y/N | Y/ N | |

If bradenhead flowed water, check all of the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

Remarks: INJECTING AT THIS TIME WTR, GAS, CO2

| | |
|---------------------------------------|---------------------------------------|
| Signature: <i>Mendy Johnson</i> | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON | Entered into RBDMS <i>[Signature]</i> |
| Title: ADMINISTRATIVE ASSOCIATE | Re-test |
| E-mail Address: mendy_johnson@oxy.com | |
| Date: <i>6/18/19</i> | Phone: 806-592-6280 |
| Witness: <i>Greg Holmson</i> | |