

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

**HOBBS 707**  
**RECEIVED**  
 JUL 01 2019

WELL API NO. 30-025-07743 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Warren McKee Unit ✓
8. Well Number 1 ✓
9. OGRID Number 192463 ✓
10. Pool name or Wildcat SWD San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3557'

**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 SWD

2. Name of Operator  
OXY USA WTP Limited Partnership ✓

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
 Unit Letter F : 2310 feet from the North line and 2331 feet from the West line  
 Section 7 Township 20S Range 38E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <u>MIT</u> <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.

TD-9225' PBDT-4550' Perfs-4200-4550' ~~GRD~~/Pkr-4180'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 6/26/19, circulate well with treated water, pressure test casing to 560 # for 30 min.

Spud Date:

Rig Release Date:

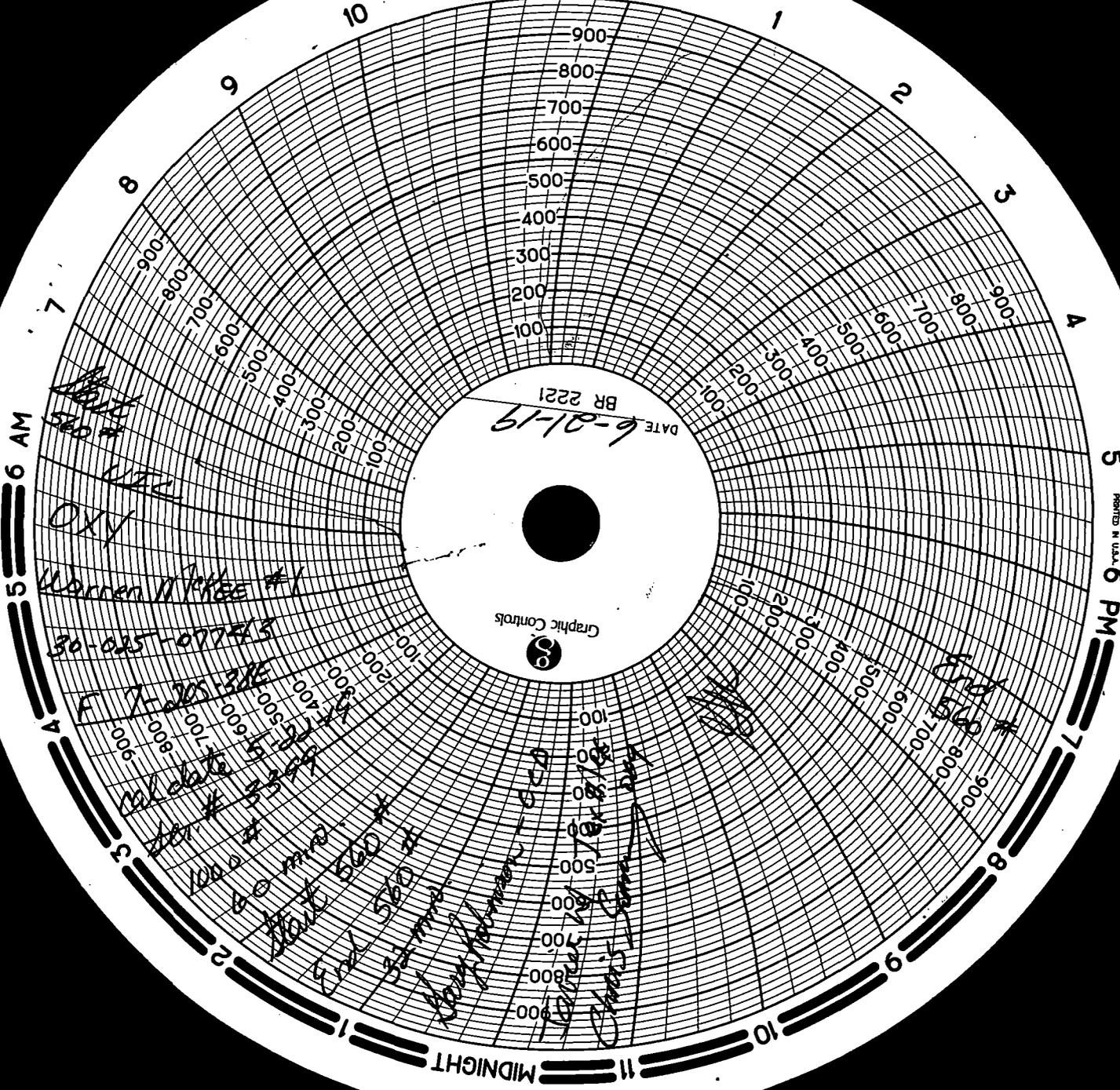
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 6/26/19

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

**For State Use Only**  
 APPROVED BY: Shay Johnson TITLE Compliance Officer DATE 7-2-19  
 Conditions of Approval (if any):

Rec M.D. Es 6/22/19  
NOON  
11



PRINTED IN U.S.A. 6 PM

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

BRADENHEAD TEST REPORT

Operator Name <b>OXY</b>		API Number <b>30-025-07743</b>	
Property Name <b>WARREN MCKEE</b>		Well No. <b># 1</b>	

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>F</b>	<b>7</b>	<b>20S</b>	<b>38E</b>	<b>2310</b>	<b>N</b>	<b>2331</b>	<b>W</b>	<b>LEA</b>

Well Status

TA'D WELL YES	<b>NO</b>	YES	SHUT-IN <b>NO</b>	INJ	INJECTOR <b>SWD</b>	OIL	PRODUCER GAS	DATE <b>6-21-19</b>
------------------	-----------	-----	----------------------	-----	------------------------	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>NA</b>	<b>0</b>	<b>180</b>
Flow Characteristics					
Pull	Y/ <b>N</b>	Y/ <b>N</b>	Y/N	Y/ <b>N</b>	CO2 <u>    </u>
Steady Flow	Y/ <b>N</b>	Y/ <b>N</b>	Y/N	Y/ <b>N</b>	WTR <b>✓</b>
Surges	Y/ <b>N</b>	Y/ <b>N</b>	Y/N	Y/ <b>N</b>	GAS <u>    </u>
Down to nothing	<b>N</b> /N	<b>N</b> /N	Y/N	<b>N</b> /N	Type of fluid injected for Washover if applies
Gas or Oil	Y/ <b>N</b>	Y/ <b>N</b>	Y/N	Y/ <b>N</b>	
Water	Y/ <b>N</b>	Y/ <b>N</b>	Y/N	Y/ <b>N</b>	

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

**UIC TEST**

Signature: <b>Christopher T Searcy</b>	OIL CONSERVATION DIVISION
Printed name: <b>Chris Searcy</b>	Entered into RBDMS
Title: <b>PT I</b>	Re-test <b>JSK</b>
E-mail Address: <b>christopher-searcy@oxy.com</b>	
Date: <b>6-21-19</b>	Phone:
Witness: <b>Sally Roberson</b>	