

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

**HOBBS OGD**  
**RECEIVED**  
 JUL 01 2019

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-025-20423 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Proximity 31 Federal ✓
8. Well Number 4 ✓
9. OGRID Number 16696 ✓
10. Pool name or Wildcat SWD Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3527

**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 Inc. ✓

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

4. Well Location  
 Unit Letter B ✓ : 660 ✓ feet from the north line and 2005 ✓ feet from the east line  
 Section 31 ✓ Township 22S ✓ Range 32E ✓ NMPM County Lea ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3527

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: MIT <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-7225' PBD-7170' Perfs-4734-5590' ~~ESP~~/Pkr-4644'

- Notified NMOCD of casing integrity test 24hrs in advance.
- RU pump truck 6/3/19, circulate well with treated water, pressure test casing to 500 # 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: Greg Anderson TITLE Compliance Officer DATE 7-2-19

Conditions of Approval (if any):



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>30-025-20423</b>	
Property Name <b>Proximity 31 Fed</b>		Well No. <b>#4</b>	

1. Surface Location

UL - Lot	Section	Township	Range	Feet From	N/S Line	Feet From	E/W Line	County
<b>B</b>	<b>31</b>	<b>22S</b>	<b>32E</b>	<b>660</b>	<b>N</b>	<b>2085</b>	<b>E</b>	<b>LEA</b>

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ	<input checked="" type="radio"/> SWD	OIL	PRODUCER GAS	DATE <b>6-3-19</b>
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OBSERVED DATA

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

Signature: 	OIL CONSERVATION DIVISION
Printed name: <b>Chris Gaston</b>	Entered into RBDMS 
Title: <b>Prod Tech</b>	Re-test
E-mail Address: <b>Chris-gaston@oxy.com</b>	
Date: <b>6-3-19</b>	Phone: <b>505-390-2071</b>
Witness: <b>Jenny Robinson</b>	

INSTRUCTIONS ON BACK OF THIS FORM

*email  
6/11/19*