

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

1700 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OGD
JUL 01 2019
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30- 025- 21037
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FD <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name Antelope Ridge Unit
4. Well Location Unit Letter B : 990 feet from the north line and 2310 feet from the east line Section 4 Township 24S Range 34E NMPM County Lea		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3562		9. OGRID Number 16696
		10. Pool name or Wildcat SWD Bell-Cherry Canyon

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT ☒

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-13320' PBTD-6450' Perfs-5245-5676' GHP/Pkr-5127'

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

Spud Date:

Rig Release Date:

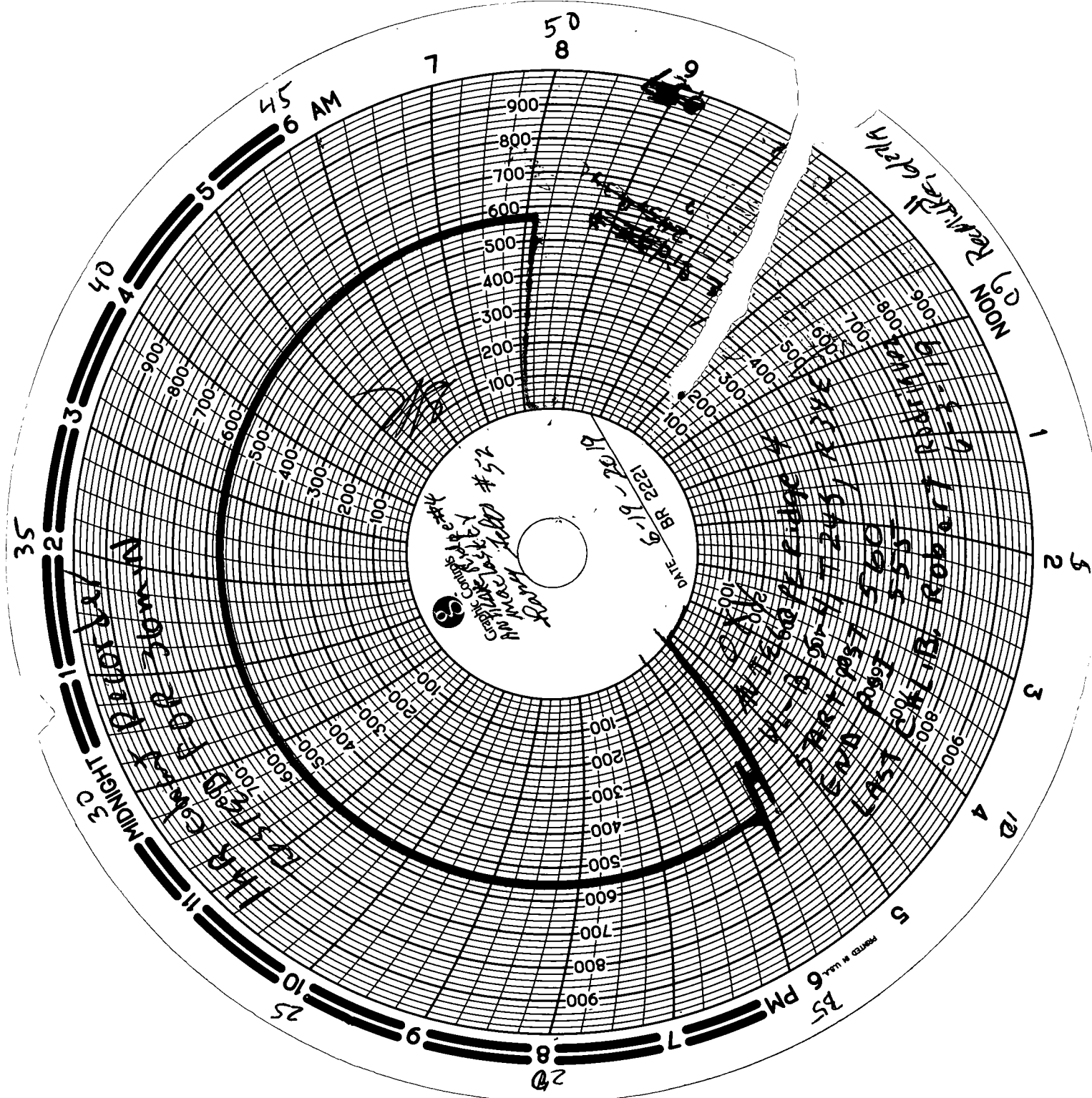
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 6/27/19

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

For State Use Only

APPROVED BY: David Stewart 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 OXY		API Number 30-025-21037
Property Name Antelope Ridge		Well No. 4

1. Surface Location

U/Lot B	Section 4	Township 24S	Range 34E	Feet from 990	N/S Line N	Feet from 2310	E/W Line E	County Lea
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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
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Ø	Ø	Ø	Full	1020
Flow Characteristics					
Puff	Ø/N	Ø/N	Ø/N	Ø/N	CO2 <input type="checkbox"/>
Steady Flow	Y/Ø	R.B. Ø/Ø	Y/Ø	Y/Ø	WTR <input type="checkbox"/>
Surges	Y/Ø	Y/Ø	Y/Ø	Y/Ø	GAS <input type="checkbox"/>
Down to nothing	Ø/N	Ø/N	Ø/N	Ø/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/Ø	Y/Ø	Y/Ø	Y/Ø	
Water	Y/Ø	Y/Ø	Y/Ø	Y/Ø	

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

Signature: B.R. Bliss		OIL CONSERVATION DIVISION.	
Printed name: Benny R. Bliss		Entered into RBDMS [Signature]	
Title: P.T.		Re-test [Signature]	
E-mail Address: bennie_bloss@oxy.com			
Date: 6-19-19	Phone: 432-631-4230		
Witness: Larry [Signature]			