

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 87420
 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

HOBBES OCD
 RECEIVED
 JUL 01 2019

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-22373
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 E.C. H:11 A
8. Well Number #1
9. OGRID Number 16696
10. Pool name or Wildcat SWD San Andres

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 D / 990 feet from the South line and 2310 feet from the east line
 Section 27 Township 23S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3200'

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>MIT</u> <input checked="" type="checkbox"/>	
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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- 6000' PBD- 5190' Perfs- 3972-5142' ~~CHP~~/Pkr- 3907'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 6/14/19, circulate well with treated water, pressure test casing to 600 # 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 Robinson TITLE Compliance Officer DATE 7-2-19
 Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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NOON

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MIDNIGHT

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Graphic Controls

DATE 6/17/69
BR 2221

Handwritten notes and scribbles in the upper left quadrant, including "AC" and "SWS" and some illegible scribbles.

Handwritten notes and scribbles in the lower left quadrant, including "Data" and "SWS" and some illegible scribbles.

Handwritten notes and scribbles in the lower right quadrant, including "SWS" and "Data" and some illegible scribbles.

Rec Mid Key 6/26/69

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy USA INC</i>		API Number <i>30-025-22373</i>
Property Name <i>E.C. Hill A #1 SWN Well</i>		Well No. <i>#1</i>

Surface Location

UL - Lot <i>0</i>	Section <i>27</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>990</i>	N/E Line <input checked="" type="checkbox"/>	Feet From <i>2310</i>	W Line <input checked="" type="checkbox"/>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJ INJ <input checked="" type="checkbox"/> SWD	PRODUCER OIL <input checked="" type="checkbox"/> GAS	DATE <i>6-14-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>-</i>	<i>-</i>	<i>5</i>	<i>10</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of fluid Injected for Waterflood if applies
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

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

*100 Toke
90 Record
3rd party
Line
Strike*

Signature: <i>Chris Gaston</i>	OIL CONSERVATION DIVISION
Printed name: <i>Chris Gaston</i>	Entered into RBDMS
Title: <i>Prod Tech</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Chris-gaston@oxy.com</i>	
Date: <i>6-14-19</i>	Phone: <i>575-390-2071</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM