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

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

HOBBS OCD
JUL 01 2019
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-31754
5. Indicate Type of Lease STATE ☐ FEE ☐ Fd
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Red Tank 28 Federal
1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD
8. Well Number 3
2. Name of Operator: OXY USA Inc.
9. OGRID Number: 16696
3. Address of Operator: P.O. Box 50250 Midland, TX 79710
10. Pool name or Wildcat: SWD Delaware
4. Well Location
Unit Letter B : 330 feet from the north line and 2310 feet from the east line
Section 28 Township 22S Range 32E NMPM County Lea
11. Elevation (*Show whether DR, RKB, RT, GR, etc.*) 3621'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			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-10153' PBTD-5903' Perfs-4674-5748' ~~CIBP~~/Pkr-4630'

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 6/7/19, circulate well with treated water, pressure test casing to 530 # for 30 min.

Spud Date: Rig Release Date:

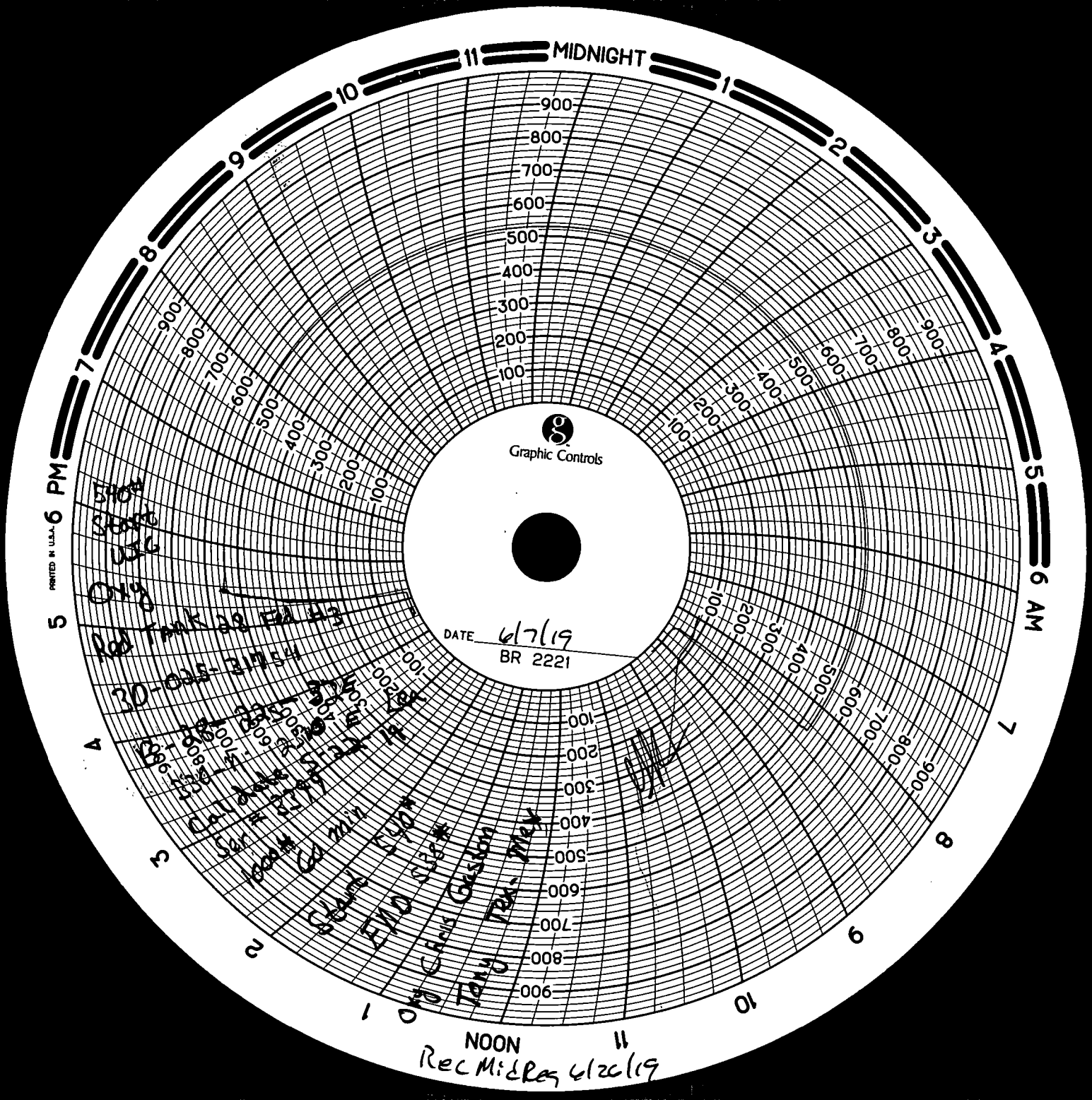
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] 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: [signature] TITLE Compliance Officer DATE 7-2-19
Conditions of Approval (if any):


MIDNIGHT
NOON
6 AM
6 PM
Graphic Controls
DATE 6/7/19
BR 2221
PRINTED IN U.S.A.
Rec Mid Reg 6/20/19

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

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

BRADENHEAD TEST REPORT

Operator Name	API Number
OXY	30-025-31754
Property Name	**Well No.**
Red Tank 28 Fed.	#3

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
B	28	22S	32E		330	N	2310	E	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	(NO)	YES	(NO)	INJ	(SWD)	OIL	GAS	6-7-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	N/A	0	830
Flow Characteristics					
Puff	Y / (N)	Y / (N)	Y / N	Y / (N)	CO2 ___
Steady Flow	Y / (N)	Y / (N)	Y / N	Y / (N)	WTR ___
Surges	Y / (N)	Y / (N)	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) / N	(Y) / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / (N)	Y / (N)	Y / N	Y / (N)	
Water	Y / (N)	Y / (N)	Y / N	Y / (N)	

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

Signature:	Chris Gaston	OIL CONSERVATION DIVISION
Printed name:	Chris Gaston	Entered into RBDMS
Title:	Prod Tech	Re-test
E-mail Address:	Chris_gaston@oxy.com	
Date:	6-7-19	Phone:
	Witness:	Tony Coleman

INSTRUCTIONS ON BACK OF THIS FORM

Errata dtd LC