

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 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-32962 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FD <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name E.C. Hill B Federal ✓
8. Well Number 13 ✓
9. OGRID Number 16696 ✓
10. Pool name or Wildcat Teague Simpson
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3257

**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 Injection

2. Name of Operator  
OXY USA Inc. ✓

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

4. Well Location  
 Unit Letter 0 947 feet from the south line and 1361 feet from the east line  
 Section 34 Township 23S Range 37E 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-9740 PBD-9686 Perfs-9475-9607 ~~CHP~~/Pkr-9238

9475-9607  
 9238  
 2/3/19  
 5-2009  
 Wanner

- Notified NMOCD of casing integrity test 24hrs in advance.
- RU pump truck 6/14/19 circulate well with treated water, pressure test casing to 540 # 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: David Polanco TITLE Caplanis 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 USA TNG</b>	API Number <b>30-025-32962</b>
Property Name <b>E.C. Hill B Federal</b>	Well No. <b>#13</b>

**Surface Location**

UL - Lot <b>0</b>	Section <b>34</b>	Township <b>23S</b>	Range <b>37E</b>		Feet from <b>947</b>	N/S Line <input type="checkbox"/>	Feet From <b>1361</b>	E/W Line <input checked="" type="checkbox"/>	County <b>LEA</b>
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**Well Status**

TA'D WELL <b>NO</b>	SHUT-IN <b>NO</b>	INJECTOR <b>NO</b>	OIL <input checked="" type="checkbox"/>	PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE <b>6-14-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	-	-	25	Q
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for WaterGood 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: <b>Chris Gaston</b>	<b>OIL CONSERVATION DIVISION</b>
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>6-14-19</b>	Phone: <b>575-390-2071</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM