

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

District I - (575) 393-1171
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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBS OCD
SEP 05 2019
RECEIVED

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

WELL API NO. 30-025-29173
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
8. Well Number 332
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 **Injector**

2. Name of Operator
OXY USA WTP, Ltd

3. Address of Operator
1017 West Stanolind RD, Hobbs NM 88240

4. Well Location
Unit Letter **J** : **1550** feet from the **South** line and **2350** feet from the **East** line
Section **32** Township **18-S** Range **38-E** NMPM **Lea** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3638' GL

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: Casing integrity test <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.
Date of test: 09-03-2019
Pressure readings: Initial - 560 PSI Ending - 560 PSI
Length of test: 32 minutes
Witnessed: YES - Kerry Fortner - NMOCD

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 _____ TITLE Well Surveillance Lead DATE _____

Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206

For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 9-6-19

Conditions of Approval (if any)

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 OXY USA WTP, LTD	API Number 30-025-29173
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 332

7. Surface Location

UL - Lot J	Section 32	Township 18-S	Range 38-E	Feet from 1550	N/S Line SOUTH	Feet From 2350	E/W Line EAST	County LEA
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Well Status

TA'D Well Yes <input type="radio"/> No <input checked="" type="radio"/>	SHUT-IN Yes <input type="radio"/> No <input checked="" type="radio"/>	INJECTOR SWD <input type="radio"/> OIL <input checked="" type="radio"/>	PRODUCING GAS <input type="radio"/>	DATE 9-13-19
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csgng	(E)Tubing
Pressure	0	NA	NA	0	1100
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / <input type="radio"/> N	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR ___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / <input type="radio"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Water Flood if applies

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

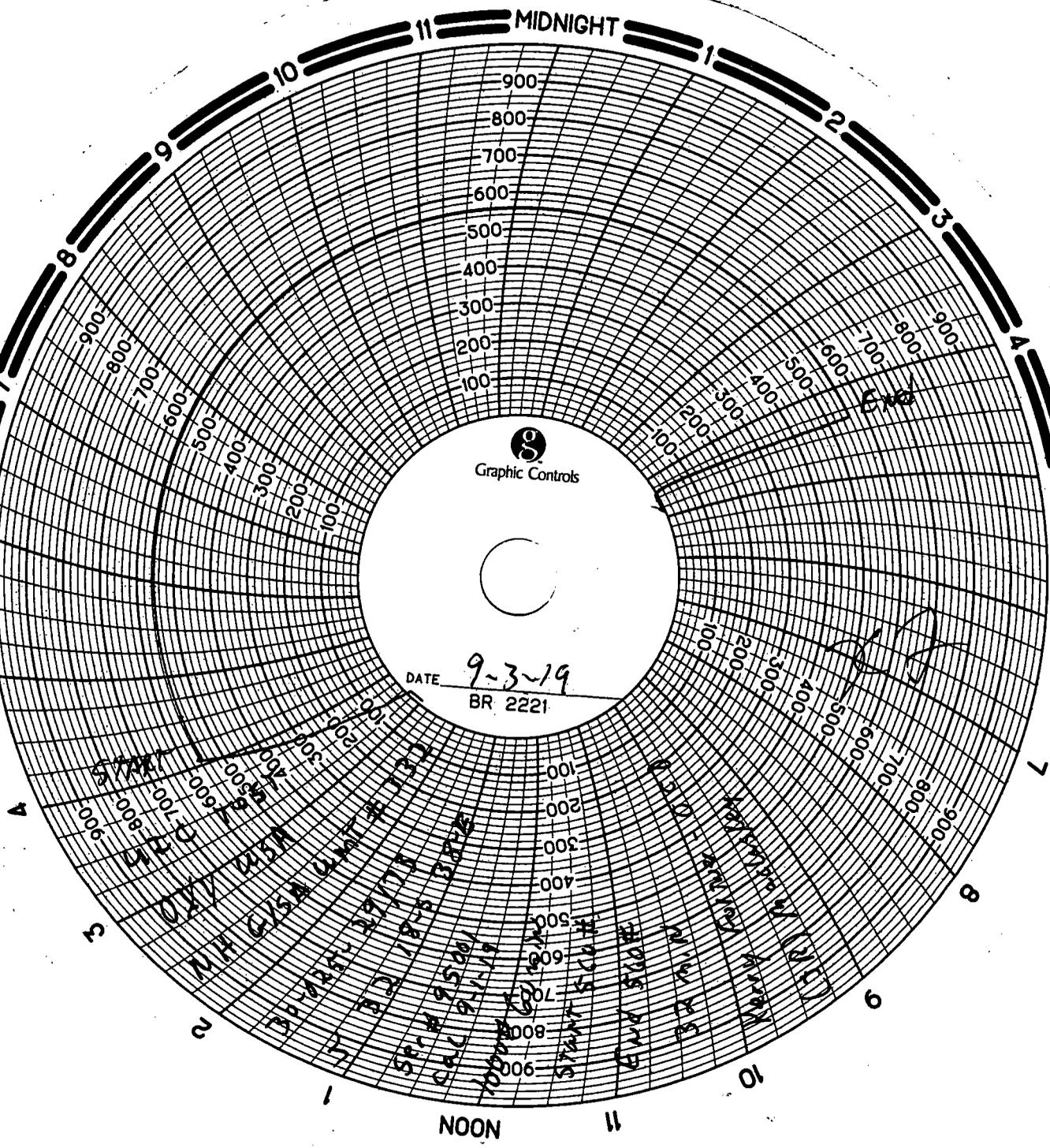
Signature:	OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON	Entered into RBDMS
Title: WELL SURVEILLANCE LEAD	Re-test
E-mail Address: Justin_Saxon@oxy.com	
Date: 9-3-19	Phone: 575-397-8206
Witness: Kerry Fortner - OCD	

399-3221



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5



Graphic Controls

DATE 9-3-19
BR 2221

NOON

MIDNIGHT

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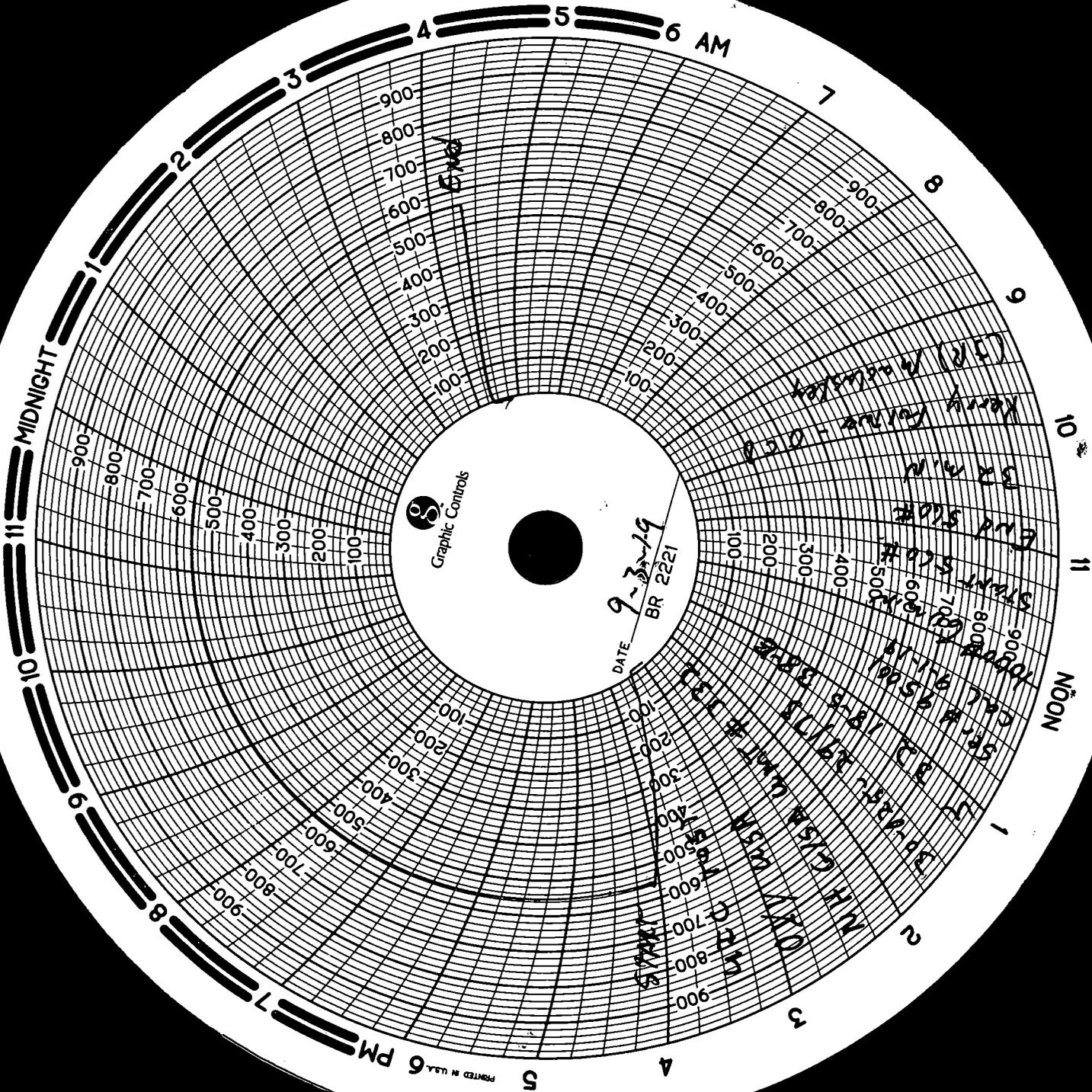
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Graphic Controls

DATE 9-3-79
BR 2221



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