

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

HOBBS OGD
SEP 05 2019
RECEIVED

WELL API NO. 30-025-07485
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 State Land 30
8. Well Number 7
9. OGRID Number 16696
10. Pool name or Wildcat Bowers/7 Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3652' GL

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 Temporarily Abandoned

2. Name of Operator
Oxy USA, Inc.

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

4. Well Location
 Unit Letter N : 660 feet from the South line and 1914 feet from the West line
 Section 30 Township 18-S Range 38-E NMPM Lea County

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/TA status extension <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 - 565 PSI Ending 540 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Kerry Fortner - NMOCD

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 3-3-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: 7/7

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)

**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 30-025-07485
Property Name STATE LAND SECTION 30	Well No. 7

7. Surface Location

UL - Lot N	Section 30	Township 18-S	Range 38-E	Feet from 660	N/S Line SOUTH	Feet From 1914	E/W Line WEST	County LEA
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Well Status

TA'D Well <input checked="" type="checkbox"/> Yes	No	SHUT-IN <input checked="" type="checkbox"/> Yes	No	INJ	INJECTOR SWD	PRODUCING <input checked="" type="checkbox"/> Oil	GAS	DATE 9-3-19
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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 Csng	(E)Tubing
Pressure	0	NA	ML	0	TA
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	CO2 ___
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR ___
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> /N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	Type of Fluid Injected for
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	Water Flood if applies
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	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.

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 For Tvee - O.C.D. 399-3221	



PRINTED IN U.S.A.

6 PM

MIDNIGHT

Graphic Controls

DATE 9-3-19
BR 2221

OKY USA
STATE LAND SECTION 30

007
30-025-07485

N 30-185 381E
S 30-185 381E

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