

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. 30-025-07541
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 Section 32
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.) 3632' GR

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  
Occidental Petroleum, Ltd USA Inc.

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

4. Well Location  
Unit Letter P : 585 feet from the South line and 585 feet from the East line  
Section 32 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 request <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.

Test date: 01/23/2020  
 Pressure readings: Initial - 600 PSI Ending - 580 PSI  
 Length of test: 32 minutes  
 Witnessed: Gary Robinson NMOCD

**HOBBS OCD**

JAN 28 2020

**RECEIVED**

**FINAL TA STATUS- EXTENSION**  
 Approval of TA EXPIRES: 1/23/20  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: xt

Spud Date: \_\_\_\_\_

Rig Release Date: \_\_\_\_\_

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

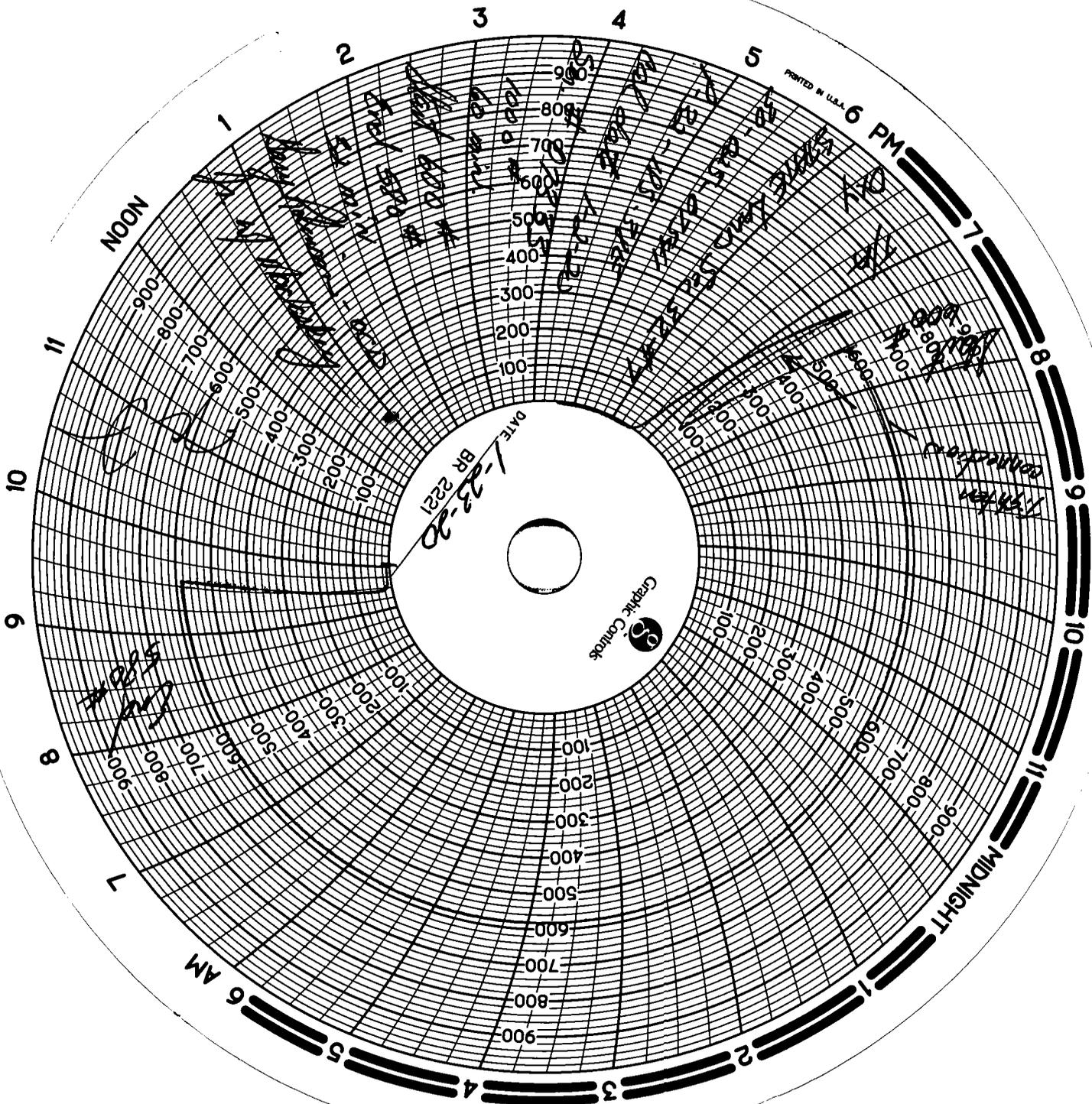
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 1-27-20

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

**For State Use Only**

APPROVED BY: [Signature] TITLE CO A DATE 2-7-20

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 30-025-07541
Property Name STATE LAND SECTION 32	Well No. 7

**7. Surface Location**

UL - Lot P	SECTION 32	Township 18-S	Range 38E	Feet from 585	N/S Line SOUTH	Feet From 585	E/W Line EAST	County LEA
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**Well Status**

<input checked="" type="radio"/> Yes	TA'D Well	<input type="radio"/> No	<input checked="" type="radio"/> Yes	SHUT-IN	<input type="radio"/> No	INJ	INJECTOR	<input type="radio"/> SWD	<input checked="" type="radio"/> OIL	PRODUCING	GAS	DATE 1-23-20
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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 Csg	(E)Tubing		
Pressure	0			0	NONE		
<b>Flow Characteristics</b>		/	/				
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
Gas or Oil	Y/N			Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/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.

T/A  
 Surf. csg valve needs

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: 1-27-20	Phone: 575-397-8206
Witness:	