

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

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.)		WELL API NO. 30-025-36934
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Oxy USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name B Hardin
4. Well Location Unit Letter D : 410 feet from the North line and 348 feet from the West line Section 19 Township 18-S Range 38-E NMPM Lea County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3657' GL		9. OGRID Number 192463
10. Pool name or Wildcat Hobbs Abo Wildcat		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Casing integrity test/TA status request</u> <input checked="" type="checkbox"/>	
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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 - 580 PSI Ending - 575 PSI
 Length of test: 32 minutes
 Witnessed: Gary Robinson NMOCD

HOBBS OCD
JAN 28 2020
RECEIVED

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 10-23-21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: KZ

Spud _____ 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 01-27-20

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 PARTNERSHIP	API Number 30-025-36934
Property Name B HARDIN	Well No. 1

7. Surface Location

UL - Lot D	19	Township 18S	Range 38E	Feet from 410	N/S Line NORTH	Feet From 348	E/W Line WEST	County LEA
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Well Status

<input checked="" type="radio"/> Yes	TA'D Well	No	<input checked="" type="radio"/> Yes	SHUT-IN	No	INJ	INJECTOR	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

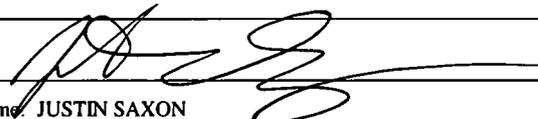
OBSERVED DATA

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

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csmg	(E)Tubing
Pressure	0			0	NONE
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
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

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: 	