

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. 30-025-37350
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name B Hardin
8. Well Number 2
9. OGRID Number 192463
10. Pool name or Wildcat Hobbs Abo Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3657' 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 WTP Limited Partnership

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

4. Well Location
 Unit Letter E : 2015 feet from the North line and 385 feet from the West line
 Section 19 Township 18-S Range 38-E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data ↓ p.m.

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 - 590 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: 1-23-21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: XJ

Spud 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) _____

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 30-025-37350
Property Name B HARDIN	Well No. 2

7. Surface Location

UL - Lot E	Section 19	Township 18S	Range 38E	Feet from 2015	N/S Line NORTH	Feet From 385	E/W Line WEST	County LEA
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Well Status

TA'D Well <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SHUT-IN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCING OIL <input type="checkbox"/> 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 Csngr	(E)Tubing
Pressure	50	0	/	0	NONE
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR ___
Surges	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> N	Y/N	<input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	Injected for
Water	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> 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.

Surf. blew down in 5 min.

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:	