

## 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<br><b>OCCIDENTAL PERMIAN LTD</b> | API Number<br><b>30-025-07411</b> |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  | Well No.<br><b>#441</b>           |

**Surface Location**

|        |         |          |       |  |           |          |           |          |        |
|--------|---------|----------|-------|--|-----------|----------|-----------|----------|--------|
| UL-Lot | Section | Township | Range |  | Feet From | N/S Line | Feet From | E/W Line | County |
|        | 28      | 18S      | 38E   |  | 330       | S        | 660       | E        | Lea    |

**Well Status**

|                                            |                                            |                                             |           |             |
|--------------------------------------------|--------------------------------------------|---------------------------------------------|-----------|-------------|
| TAD Well                                   | SHUT-IN                                    | INJECTOR                                    | PRODUCING | DATE        |
| Yes <input checked="" type="checkbox"/> No | Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> INJ SWD | OIL GAS   | 06-17, 2020 |

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-Interm(2) | (C) Interm-Prod                           | (D) Prod Csg                              | (E) Tubing                   |
|-----------------------------|-------------------------------------------|----------------------|-------------------------------------------|-------------------------------------------|------------------------------|
| <b>Pressure</b>             | <input checked="" type="checkbox"/>       |                      | <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/>       | 1350                         |
| <b>Flow Characteristics</b> |                                           |                      |                                           |                                           |                              |
| Puff                        | Y / <input checked="" type="checkbox"/> N | Y / N                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | CO <sub>2</sub> _____        |
| Steady Flow                 | Y / <input checked="" type="checkbox"/> N | Y / N                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | WTR _____                    |
| Surges                      | Y / <input checked="" type="checkbox"/> N | Y / N                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | GAS _____                    |
| Down to nothing             | <input checked="" type="checkbox"/> / N   | Y / N                | <input checked="" type="checkbox"/> / N   | <input checked="" type="checkbox"/> / N   | Type of Fluid _____          |
| Gas or Oil                  | Y / <input checked="" type="checkbox"/> N | Y / N                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Injected for _____           |
| Water                       | Y / <input checked="" type="checkbox"/> N | Y / N                | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Water Flood if applies _____ |

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

Just Schut # 701 690 7053

|                                                                                                |                                  |
|------------------------------------------------------------------------------------------------|----------------------------------|
| Signature:  | <b>OIL CONSERVATION DIVISION</b> |
| Printed name: <b>JUSTIN SAXON</b>                                                              | Entered into RBDMS               |
| Title: <b>WELL SURVEILLANCE LEAD</b>                                                           | Re-test                          |
| E-mail Address: <b>Justin.Saxon@oxy.com</b>                                                    |                                  |
| Date:                                                                                          | Phone: 575-397-8206              |
|                                                                                                | Witness:                         |

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 17183

**CONDITIONS OF APPROVAL**

|              |                        |               |                      |        |        |                |       |              |        |
|--------------|------------------------|---------------|----------------------|--------|--------|----------------|-------|--------------|--------|
| Operator:    | OCCIDENTAL PERMIAN LTD | P.O. Box 4294 | Houston, TX772104294 | OGRID: | 157984 | Action Number: | 17183 | Action Type: | C-103Z |
| OCD Reviewer | Condition              |               |                      |        |        |                |       |              |        |
| ksimmons     | None                   |               |                      |        |        |                |       |              |        |