

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

**District II**

811 S 1st Street, Artesia, NM 88210  
Phone: (575) 748-1283 - Fax: (575) 748-9720

**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>30-025-43040</b> |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  | Well No.<br><b>679</b>            |

**Surface Location**

|         |                      |                        |                     |  |                          |                      |                         |                      |                      |
|---------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL -Lot | Section<br><b>24</b> | Township<br><b>18S</b> | Range<br><b>37E</b> |  | Feet From<br><b>2157</b> | N/S Line<br><b>N</b> | Feet From<br><b>637</b> | E/W Line<br><b>E</b> | County<br><b>LEE</b> |
|---------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|

**Well Status**

|                                                         |                                                       |                                                     |                      |                        |
|---------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------|------------------------|
| TA'D Well<br>Yes <input checked="" type="checkbox"/> No | SHUT-IN<br>Yes <input checked="" type="checkbox"/> No | INJECTOR<br><input checked="" type="checkbox"/> SWD | PRODUCING<br>OIL GAS | DATE<br><b>9-10-21</b> |
|---------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------|------------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

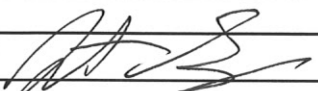
**OBSERVED DATA**

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

|                      | (A) Surface                               | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing            |
|----------------------|-------------------------------------------|---------------|---------------|--------------|-----------------------|
| Pressure             | <b>0</b>                                  | NA            | NA            | <b>0</b>     | <b>1109</b>           |
| Flow Characteristics |                                           |               |               |              |                       |
| Puff                 | Y / N                                     | Y / N         | Y / N         | Y / N        | CO <sub>2</sub> _____ |
| Steady Flow          | Y / N                                     | Y / N         | Y / N         | Y / N        | WTR _____             |
| Surges               | Y / N                                     | Y / N         | Y / N         | Y / N        | GAS _____             |
| Down to nothing      | <input checked="" type="checkbox"/> 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,V,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Saul Hernandez* *Saul Hernandez* *620 353 5150*

|                                                                                                |                                                                        |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Signature:  | OIL CONSERVATION DIVISION<br>Entered into RBDMS<br>Re-test<br><br><br> |
| Printed name: <b>JUSTIN SAXON</b>                                                              |                                                                        |
| Title: <b>SURVEILLANCE LEAD</b>                                                                |                                                                        |
| E-mail Address: <b>JUSTIN SAXON@OXY.COM</b>                                                    |                                                                        |
| Date:                                                                                          |                                                                        |
| Phone: <b>806-215-3940</b>                                                                     |                                                                        |
| Witness:                                                                                       |                                                                        |

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**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 60635

CONDITIONS

|                                                                               |                |
|-------------------------------------------------------------------------------|----------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:         |
|                                                                               | 157984         |
|                                                                               | Action Number: |
|                                                                               | 60635          |
| Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST)                    |                |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 5/3/2022       |