

**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>30-025-44828</b> |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  | Well No.<br><b>676</b>            |

**Surface Location**

|         |                      |                        |                     |                         |                      |                          |                      |                      |
|---------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL -Lot | Section<br><b>25</b> | Township<br><b>18S</b> | Range<br><b>37E</b> | Feet From<br><b>345</b> | N/S Line<br><b>N</b> | Feet From<br><b>1956</b> | E/W Line<br><b>W</b> | County<br><b>LEE</b> |
|---------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

**Well Status**

|                                                                            |                                                                          |                            |                      |                       |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|----------------------|-----------------------|
| TA'D Well<br>Yes <input checked="" type="radio"/> No <input type="radio"/> | SHUT-IN<br>Yes <input checked="" type="radio"/> No <input type="radio"/> | INJECTOR<br><b>INJ</b> SWD | PRODUCING<br>OIL GAS | DATE<br><b>9-8-21</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|----------------------|-----------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

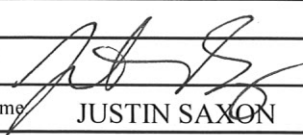
**OBSERVED DATA**

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

|                             | (A) Surface                          | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng                         | (E)Tubing             |
|-----------------------------|--------------------------------------|--------------|--------------|--------------------------------------|-----------------------|
| Pressure                    | <b>281</b>                           | NA           | NA           | <b>8</b>                             | <b>1620</b>           |
| <b>Flow Characteristics</b> |                                      |              |              |                                      | CO <sub>2</sub> _____ |
| Puff                        | <input checked="" type="radio"/> / N | Y / N        | Y / N        | <input checked="" type="radio"/> / N | WTR _____             |
| Steady Flow                 | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | GAS _____             |
| Surges                      | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | Type of Fluid _____   |
| Down to nothing             | <input checked="" type="radio"/> / N | Y / N        | Y / N        | <input checked="" type="radio"/> / N | Injected for _____    |
| Gas or Oil                  | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | Water Flood if _____  |
| Water                       | Y / <input checked="" type="radio"/> | Y / N        | Y / N        | Y / <input checked="" type="radio"/> | 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 Seal Decanted 620 353 5150*

|                                                                                                |                                  |
|------------------------------------------------------------------------------------------------|----------------------------------|
| Signature:  | <b>OIL CONSERVATION DIVISION</b> |
| Printed name: <b>JUSTIN SAXON</b>                                                              | Entered into RBDMS               |
| Title: <b>SURVEILLANCE LEAD</b>                                                                | Re-test                          |
| E-mail Address: <b>JUSTIN_SAXON@OXY.COM</b>                                                    |                                  |
| Date:                                                                                          | Phone: 806-215-3964              |
|                                                                                                | Witness:                         |

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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 60632

CONDITIONS

|                                                                               |                |
|-------------------------------------------------------------------------------|----------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:         |
|                                                                               | 157984         |
|                                                                               | Action Number: |
|                                                                               | 60632          |
| Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST)                    |                |

CONDITIONS

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