

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

Rec'd 12/03/2020 - NMOCD

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name OXY	¹ API Number 30-015-2677938527
Property Name Sundance 4 Federal 0324	Well No. #0324

2 Surface Location								
Q/L - Lot D	Section 4	Township 24S	Range 31E	Feet from 680	Q/S Line <input checked="" type="checkbox"/>	Feet From 458	E/W Line <input checked="" type="checkbox"/>	County Eddy

Well Status				
TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES NO	YES NO	INJ <input checked="" type="checkbox"/> SWD	OIL GAS	10-12-20

OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0	0		0	220
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO ₂ _____
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"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	If applicable type
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	fluid injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFOR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

A - Puff Gas
B - Puff Gas
D - Puff Gas

Accepted for record test not witnessed
 NMOCD DS 12-4-2020

Signature:	OIL CONSERVATION DIVISION	
Printed name: Reggie House	Entered	_____
Title: Production Tech II	Re-test	_____
E-mail Address: reggie.house@oxy.com		
Date: 10-12-20	Phone: 575-942-0363	
Signature: Reggie House	Witness: _____	