

JUL 27 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-07418
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 421

7. Surface Location

UL - Lot H	Section 28	Township 18-S	Range 38-E	Feet from 2310	N/S Line NORTH	Feet From 1120	E/W Line EAST	County LEA
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Well Status

TA'D WELL <input checked="" type="radio"/> YES	NO	SHUT-IN YES	NO	INJ INJ	SWD	PRODUCER <input checked="" type="radio"/> OIL	GAS	DATE 7-7-15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	N/A
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 ___
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR ___
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Injected for
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Waterflood if
					applies

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

BS 7/29/2015

And I wish Jared Tucker 575-499-4992

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: JUL 23 2015	Phone: 806-592-6280
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015