

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 30-025-07658
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 62

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
D	9	19S	38E	660	NORTH	660	WEST	LEA

Well Status

TA'D WELL <input checked="" type="radio"/> YES	<input type="radio"/> NO	SHUT-IN <input type="radio"/> YES	<input type="radio"/> NO	INJ <input type="radio"/> INJ	INJECTOR <input type="radio"/> SWD	<input checked="" type="radio"/> OIL	PRODUCER <input type="radio"/> GAS	DATE 7-2-15
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OBSERVED DATA

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

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

B& 7/29/2015

Lead Tech 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