

HOBBS OCD

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

JUL 27 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Oxy</i>		API Number <i>30-025-28308</i>
Property Name <i>South Hobbs G/SA Coop</i>		Well No. <i>5</i>

Surface Location

UL - Lot <i>L</i>	Section <i>34</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>646</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR NO	PRODUCER OIL	GAS	DATE <i>6/25/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>1039</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR —
Surges	Y / N	Y / N	Y / N	Y / N	GAS —
Down to nothing	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	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

Signature: <i>Mendy Johnson</i> <i>7/23/15</i>	OIL CONSERVATION DIVISION
Printed name: <i>MENDY JOHNSON</i>	Entered into RBDMS
Title: <i>ADMIN. ASSOC.</i>	Re-test
E-mail Address: <i>Mendy-johnson@oxy.com</i>	
Date: <i>6/25/15</i>	
Phone: <i>806-592-6280</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015

[Signature]