

JUL 27 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-28361
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 158

7. Surface Location

UL - Lot C	Section 10	Township 19S	Range 38E	Feet from 1245	N/S Line NORTH	Feet From 2475	E/W Line WEST	County LEA
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input type="radio"/> YES <input checked="" type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> 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	N/A	N/A	N/A	○	N/A
<u>Flow Characteristics</u>					
Puff	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N	WTR ___
Surges	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input type="radio"/> N	Injected for
Water	Y/N	Y/N	Y/N	<input checked="" type="radio"/> Y <input 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

*Handwritten Signature: Sarah Tucker* 575-497-4992

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