

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 30-025-34870
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 624

7. Surface Location

UL - Lot N	Section 29	Township 18-S	Range 38-E	Feet from 1150	N/S Line SOUTH	Feet From 1948	E/W Line WEST	County LEA
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	YES	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE 9/6/15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	2/11	2/10	343	500
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> JUL 23 2015	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: 7/6/15	Phone: 806-592-6280
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015

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 30-025-34869
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 623

7. Surface Location

UL - Lot K	Section 29	Township 18-S	Range 38-E		Feet from 1837	N/S Line SOUTH	Feet From 2482	E/W Line WEST	County LEA
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE 7/6/15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	4			340	400
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> JUL 23 2015	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: 7/6/15	
Phone: 806-592-6280	
Witness: <i>James Lowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015