District I 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

## State of New Mexico

JUN 1 8 2015

## **Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office**

RECEIVED

BRADEN	HEAD	TEST	REPORT

Operator Name OCCIDENTAL PERMIAN, LTD								30-025-07444				
Property Name NORTH HOBBS (G/SA) UNIT							Well No. 441					
<sup>7</sup> Surface Location												
UL - Lot P	Section 29	Township 18-S	Range 38-E	· ·		N/S Line SOUTH		Feet Fro	Feet From E/W Line 330 EAST		County LEA	
Well Status												
TA'D WELL (NO) YES SHUT-IN (NO) INJ INJECTOR SWD (OIL) PRODUCER GAS 5-15-16										DATE		
YES	- (1	O TEX	, (	NO INJ		SWD	(ÓIL		GAS	7-	15-15	
OBSERVED DATA												
· · · · · · · · · · · · · · · · · · ·		T (A)S	urface	(B)Intern	_	(C)Inte	erm(2)	r	(D)Prod C	sng	(E)Tubing	
Pressure			$\overline{\Omega}$	(2)2(1)		(C)			290		580	
Flow Charac	cteristics					<u>                                     </u>	<u> </u>		<del>  290</del>		780	
Puff	·	Ø/ N		Y /	N	Y / N			Y / N		CO2	
	teady Flow Y / N		Y/N		Y/N		ŀ	Y / N		WTR GAS		
Surge Down to n	_	Y/N			/ N Y / N						Type of Fluid Injected for	
Gas or			(N) / N	Y/N Y/N		Y/N Y/N			Y/N Y/N		Waterflood if applies	
Wate	er	<del></del>	Y / N	Y /	N		Y / N		Y / N		аррисх	
	<del> </del>	, <u>l</u>					<del>.</del>	<u></u> 1			<u></u>	
Remarks – Plo	ease state fo	r each string	(A,B,C,D,E) pert	inent information	regarding blee	d down o	r continuo	us build up i	f applies.			
		106-	40 ()	PSI								
B-Int	lerm	and C	- Total	0 0.1	ر.							
B-Interm and C-Intum O PST												
Land Drub							TUCKEN 575 499-4991					
<u> </u>	C	<i></i>		<u> </u>		Jan	red .	TUCKER	575	499-499	71	
Signature:			$\bigcirc$ - $0$					<del></del>				
Signature: Mendy Ahm							OIL CONSERVATION DIVISION					
Printed name: MENDY JOHNSON						Entered into RBDMS						
Title: ADMINISTRATIVE ASSOCIATE						Re-test						
E-mail Address	s: mendy jo JN 16	hnson@oxy	T	22.6280			_		····			
Date:			Phone: 806-59 Witness:	92-028U				<del></del>				
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INSTRUCTIONS ON BACK OF THIS FORM

