

JUN 18 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 30-025-07503
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 211

7. Surface Location

UL - Lot C	Section 31	Township 18-S	Range 38-E	Feet from 440	N/S Line NORTH	Feet From 2310	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 type="radio"/> NO	INJ <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 5/19/15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	100	0	0
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 ___
Steady Flow	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	WTR ___
Surges	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Type of Fluid
Gas or Oil	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	Injected for
Water	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" 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.

Interm (2) 100# will not bleed down

BS 6/26/15

Kris Allen

575-631-4469

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: JUN 16 2015	Phone: 806-592-6280
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 02 2015