

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 30-025-43104
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 267

7. Surface Location

UL - Lot D	Section 9	Township 19-S	Range 38-E	Feet from 165	N/S Line NORTH	Feet From 667	EPW Line WEST	County LEA
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Well Status

Well Status	SHUT-IN	PRODUCING <i>INT</i>	DATE <i>05-04-19</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Casing	(E)Tubing
Pressure	200	NA	NA	220	1600
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME ☐ WTR, ☒ GAS, ☐ CO2

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: <u>mendy_johnson@oxy.com</u>	
Date: <b>MAY - 9 2019</b>	
Phone: 806-592-6280	
Witness:	