

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

**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 30-025-12504	
Property Name NORTH HOBBS G/SA UNIT		Well No. #532	

**Surface Location**

UL -Lot	Section	Township	Range	Feet From	N/S Line	Feet From	E/W Line	County
	32	18S	38E	2310	N	1650	E	Lea

**Well Status**

TAD Well <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SHUT-IN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INJECTOR INJ    SWD	PRODUCING OIL    GAS	DATE 07-14-20
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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-Interm(2)	(C) Internm-Prod	(D) Prod Cnsg	(E) Tubing
Pressure	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Flow Characteristics</b>					
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	CO <sub>2</sub> _____
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	WTR _____
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid _____
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Injected for _____
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Water Flood if applies _____

Remarks - Please state for each string (A,V,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Josh Saxon # 701690 7053

Signature:	OIL CONSERVATION DIVISION Entered into RBDMS Re-test
Printed name: JUSTIN SAXON	
Title: WELL SURVEILLANCE LEAD	
E-mail Address: Justin.Saxon@oxy.com	
Date:	
Phone: 575-397-8206	
Witness:	

**District I**  
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 Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**  
 811 S. First St., Artesia, NM 88210  
 Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**  
 1220 S. St Francis Dr., Santa Fe, NM 87505  
 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 17342

**CONDITIONS OF APPROVAL**

Operator: OCCIDENTAL PERMIAN LTD      P.O. Box 4294      Houston, TX772104294			OGRID: 157984	Action Number: 17342	Action Type: C-103Z
OCD Reviewer ksimmons			Condition None		