

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

**District II**  
811 S 1st Street, Artesia, NM 88210  
Phone: (575) 748-1283 - Fax: (575) 748-9720

**State of New Mexico**  
**Energy, Minerals and Natural Resources Department**  
**Oil Conservation Division Hobbs District Office**

**BRADENHEAD TEST REPORT**

|                                                |  |                                   |
|------------------------------------------------|--|-----------------------------------|
| Operator Name<br><b>OCCIDENTAL PERMIAN LTD</b> |  | API Number<br><b>30-025-05466</b> |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  |  | Well No.<br><b>421</b>            |

**Surface Location**

|         |                      |                        |                     |  |                          |                      |                         |                      |                      |
|---------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL -Lot | Section<br><b>23</b> | Township<br><b>18S</b> | Range<br><b>37E</b> |  | Feet From<br><b>1650</b> | N/S Line<br><b>N</b> | Feet From<br><b>330</b> | E/W Line<br><b>E</b> | County<br><b>LEE</b> |
|---------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|

**Well Status**

|                                                                    |                                                                  |                                   |                                                                     |                       |
|--------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------|
| TA'D Well<br><b>Yes</b> <input checked="" type="radio"/> <b>No</b> | SHUT-IN<br><b>Yes</b> <input checked="" type="radio"/> <b>No</b> | INJECTOR<br><b>INJ</b> <b>SWD</b> | PRODUCING<br><input checked="" type="radio"/> <b>OIL</b> <b>GAS</b> | DATE<br><b>9-9-21</b> |
|--------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|-----------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

**OBSERVED DATA**

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

|                             | <u>(A) Surface</u>                                   | <u>(B) Interm(1)</u> | <u>(C) Interm(2)</u> | <u>(D) Prod Csg</u> | <u>(E) Tubing</u>           |
|-----------------------------|------------------------------------------------------|----------------------|----------------------|---------------------|-----------------------------|
| <b>Pressure</b>             | <b>10</b>                                            | <b>NA</b>            | <b>NA</b>            | <b>506</b>          | <b>738</b>                  |
| <b>Flow Characteristics</b> |                                                      |                      |                      |                     |                             |
| <b>Puff</b>                 | <input checked="" type="radio"/> <b>Y</b> / <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>CO<sub>2</sub></b> _____ |
| <b>Steady Flow</b>          | <b>Y</b> / <input checked="" type="radio"/> <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>WTR</b> _____            |
| <b>Surges</b>               | <b>Y</b> / <input checked="" type="radio"/> <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>GAS</b> _____            |
| <b>Down to nothing</b>      | <input checked="" type="radio"/> <b>Y</b> / <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>Type of Fluid</b> _____  |
| <b>Gas or Oil</b>           | <b>Y</b> / <input checked="" type="radio"/> <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>Injected for</b> _____   |
| <b>Water</b>                | <b>Y</b> / <input checked="" type="radio"/> <b>N</b> | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b>  | <b>Y</b> / <b>N</b> | <b>Water Flood if</b> _____ |
|                             |                                                      |                      |                      |                     | <b>applies</b>              |

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

*Saul Hernandez Saul Hernandez 620 357 5150*

|                                                                                                |                            |                                  |  |
|------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|--|
| Signature:  |                            | <b>OIL CONSERVATION DIVISION</b> |  |
| Printed name: <b>JUSTIN SAXON</b>                                                              |                            | Entered into RBDMS               |  |
| Title: <b>SURVEILLANCE LEAD</b>                                                                |                            | Re-test                          |  |
| E-mail Address: <b>JUSTIN SAXON@OXY.COM</b>                                                    |                            |                                  |  |
| Date:                                                                                          | Phone: <b>806-215-3900</b> |                                  |  |
|                                                                                                | Witness:                   |                                  |  |

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**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 59750

**CONDITIONS**

|                                                                               |                |
|-------------------------------------------------------------------------------|----------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:         |
|                                                                               | 157984         |
|                                                                               | Action Number: |
|                                                                               | 59750          |
| Action Type:                                                                  |                |
| [UF-BHT] Bradenhead Test (BRADENHEAD TEST)                                    |                |

**CONDITIONS**

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 5/10/2022      |