

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 30-025-07634
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 39

7. Surface Location

UL - Lot L	Section 5	Township 19S	Range 38E	Feet from 1980	N/S Line SOUTH	Feet From 660	E/W Line WEST	County LEA
---------------	--------------	-----------------	--------------	-------------------	-------------------	------------------	------------------	---------------

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	YES	SHUT-IN <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER OIL	GAS	DATE 5-21-15
------------------	-------------------------------------	-----	--	--	-----	---------------------	-----	-----------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure		0		0	985
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / 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.

Replace 2" valve on intermediate. Replace 2" valve on production casing also.

BB 6/26/15

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

INSTRUCTIONS ON BACK OF THIS FORM

JUN 29 2015

[Handwritten signature]