

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

JUL 27 2015

BRADENHEAD TEST REPORT

RECEIVED

| | |
|--|----------------------------|
| Operator Name OCCIDENTAL PERMIAN, LTD | API Number 30-025-26623 |
| Property Name SOUTH HOBBS (G/SA) UNIT | Well No. 170 |

7. Surface Location

| | | | | | | | | |
|---------------|--------------|-----------------|--------------|-------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot J | Section 4 | Township 19S | Range 38E | Feet from 1980 | N/S Line SOUTH | Feet From 1832 | E/W Line EAST | County LEA |
|---------------|--------------|-----------------|--------------|-------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | | | |
|--|--|--|-----|---|------------------|
| TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR <input checked="" type="radio"/> | SWD | OIL PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE 7-1-2015 |
|--|--|--|-----|---|------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csnrg | (E)Tubing |
|----------------------|--|--|--|--|---|
| Pressure | Puff | 0 | N/A | 10 | 1622 |
| Flow Characteristics | | | | | |
| Puff | <input checked="" type="radio"/> Y / <input 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 | CO2 <input type="checkbox"/> |
| Steady Flow | <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 | WTR <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> |
| Down to nothing | <input checked="" type="radio"/> Y / <input type="radio"/> N | <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 | Type of Fluid Injected for Waterflood if applies |
| 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 | |
| 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 | |

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

Surface puff to zero. Prod. casing to zero.
 Jessie Schaffer 806-215-0112

BS 7/29/2015

| | |
|---------------------------------------|---------------------------|
| 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: JUL 23 2015 | Phone: 806-592-6280 |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM

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