

Order 1  
1535 W. French Dr., Hobbs, NM 88240  
Phone: (505) 393-6151 Fax: (505) 393-6150

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

BRADENHEAD TEST REPORT

|                                                |  |                                   |
|------------------------------------------------|--|-----------------------------------|
| Operator Name<br><b>Oxy Permian</b>            |  | API Number<br><b>38-025-28344</b> |
| Property Name<br><b>South Hobbs (GSA) Unit</b> |  | Well ID<br><b>141K04</b>          |

|                     |                     |                        |                      |                           |                      |                         |                      |                      |
|---------------------|---------------------|------------------------|----------------------|---------------------------|----------------------|-------------------------|----------------------|----------------------|
| U/L Loc<br><b>T</b> | Section<br><b>4</b> | Township<br><b>19S</b> | Range<br><b>38-E</b> | Feet from<br><b>3989'</b> | N/S Line<br><b>5</b> | Feet from<br><b>681</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|---------------------|---------------------|------------------------|----------------------|---------------------------|----------------------|-------------------------|----------------------|----------------------|

|             |  |                       |  |                     |  |                         |  |     |  |                        |  |     |  |                           |
|-------------|--|-----------------------|--|---------------------|--|-------------------------|--|-----|--|------------------------|--|-----|--|---------------------------|
| Well Status |  | T&D WELL<br><b>NO</b> |  | SHEATH<br><b>NO</b> |  | INSPECTOR<br><b>INJ</b> |  | SWD |  | PRODUCER<br><b>OIL</b> |  | GAS |  | DATE<br><b>11-24-2020</b> |
|-------------|--|-----------------------|--|---------------------|--|-------------------------|--|-----|--|------------------------|--|-----|--|---------------------------|

OBSERVED DATA

|                      | (A) Surface  | (B) Interval 1 | (C) Interval 2 | (D) Prod Casing | (E) Tubing         |
|----------------------|--------------|----------------|----------------|-----------------|--------------------|
| Pressure             | <b>0</b>     | <b>N/A</b>     | <b>N/A</b>     | <b>0</b>        | <b>240 psi</b>     |
| Flow Characteristics |              |                |                |                 |                    |
| Puff                 | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | CO2                |
| Steady Flow          | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | WTR <b>✓</b>       |
| Surge                | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | GAS                |
| Down to nothing      | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | Type of fluid      |
| Gas or Oil           | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | Direction          |
| Water                | Y/N <b>N</b> | Y/N <b>N</b>   | Y/N <b>N</b>   | Y/N <b>N</b>    | Wellhead & rigging |

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

**Post Workover MIT**  
**Start 560psi / End 545psi**  
**Rate Chart Recorder Serial # 19861**  
**Calibration Date 8-4-20**

**Oxy Rep: Company Man**  
**Alfredo Cenicerros** **11-24-20**

|                |         |                           |  |
|----------------|---------|---------------------------|--|
| Signature      |         | OIL CONSERVATION DIVISION |  |
| Printed name   |         | Entered into RBDMS        |  |
| Title          |         | Re-test <b>K F</b>        |  |
| E-mail Address |         |                           |  |
| Date           | Phone   |                           |  |
|                | Witness |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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 23847

CONDITIONS

|                                                                                   |                |
|-----------------------------------------------------------------------------------|----------------|
| Operator:<br><br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:         |
|                                                                                   | 157984         |
|                                                                                   | Action Number: |
|                                                                                   | 23847          |
| Action Type:                                                                      |                |
| [UF-BHT] Bradenhead Test (BRADENHEAD TEST)                                        |                |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 6/16/2021      |