

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>OCCIDENTAL PERMIAN LTD | API Number<br>30-025-07510 |
| Property Name<br>NORTH HOBBS G/SA UNIT  | Well No.<br>141            |

| Surface Location |               |                 |              |  |                  |               |                  |               |               |
|------------------|---------------|-----------------|--------------|--|------------------|---------------|------------------|---------------|---------------|
| UL -Lot          | Section<br>31 | Township<br>18S | Range<br>38E |  | Feet From<br>990 | N/S Line<br>S | Feet From<br>990 | E/W Line<br>W | County<br>LEE |

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

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

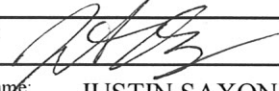
OBSERVED DATA

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

|                      | (A) Surface                            | (B)Interm(1)                     | (C)Interm(2) | (D)Prod Csng                     | (E)Tubing                        |
|----------------------|----------------------------------------|----------------------------------|--------------|----------------------------------|----------------------------------|
| Pressure             | <input checked="" type="radio"/>       | <input checked="" type="radio"/> | NA           | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Flow Characteristics |                                        |                                  |              |                                  |                                  |
| Puff                 | Y / N                                  | Y / N                            | Y / N        | Y / N                            | CO <sub>2</sub> _____            |
| Steady Flow          | Y / N                                  | Y / N                            | Y / N        | Y / N                            | WTR _____                        |
| Surges               | Y / N                                  | Y / N                            | Y / N        | Y / N                            | GAS _____                        |
| Down to nothing      | <input checked="" type="radio"/> 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                            | 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

Saul Hernandez Saul Hernandez 620 357 5150

|                                                                                                |                           |
|------------------------------------------------------------------------------------------------|---------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: JUSTIN SAXON                                                                     | Entered into RBDMS        |
| Title: SURVEILLANCE LEAD                                                                       | Re-test                   |
| E-mail Address: JUSTIN SAXON@OXY.COM                                                           |                           |
| Date:                                                                                          | Phone: 806-215-4090       |
|                                                                                                | 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 58998

**CONDITIONS**

|                                                                               |                |                                            |
|-------------------------------------------------------------------------------|----------------|--------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:         | 157984                                     |
|                                                                               | Action Number: | 58998                                      |
|                                                                               | Action Type:   | [UF-BHT] Bradenhead Test (BRADENHEAD TEST) |
|                                                                               |                |                                            |

**CONDITIONS**

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 5/24/2022      |