

## 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>OXY USA WTP LIMITED PARTNERSHIP |  | API Number<br>30-015-10557 |  |
| Property Name<br>NORTH INDIAN BASIN UNIT GAS COM |  | Well No.<br>3              |  |

| Surface Location |              |                 |              |  |                   |               |                  |               |                |
|------------------|--------------|-----------------|--------------|--|-------------------|---------------|------------------|---------------|----------------|
| UL - Lot<br>K    | Section<br>3 | Township<br>21S | Range<br>23E |  | Feet From<br>1650 | N/S Line<br>N | Feet From<br>990 | E/W Line<br>E | County<br>EDDY |

| Well Status         |  |                                                    |  |                     |  |                                                       |  |                  |  |
|---------------------|--|----------------------------------------------------|--|---------------------|--|-------------------------------------------------------|--|------------------|--|
| TA'D Well<br>Yes No |  | SHUT-IN<br><input checked="" type="radio"/> Yes No |  | INJECTOR<br>INJ SWD |  | PRODUCING<br>OIL <input checked="" type="radio"/> GAS |  | DATE<br>12-30-21 |  |

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) Surf-Interm                        | (B) Interm-Interm(2) | (C) Interm-Prod | (D) Prod Csng                          | (E) Tubing                              |
|----------------------|----------------------------------------|----------------------|-----------------|----------------------------------------|-----------------------------------------|
| Pressure             | <input checked="" type="radio"/>       | N/A                  | N/A             | 90                                     | 90                                      |
| Flow Characteristics | Puff                                   |                      |                 |                                        |                                         |
| Puff                 | <input checked="" type="radio"/> Y / N | Y / N                | Y / N           | Y / N                                  | CO <sub>2</sub> _____                   |
| Steady Flow          | Y / N                                  | Y / N                | Y / N           | <input checked="" type="radio"/> Y / N | WTR _____                               |
| Surges               | Y / N                                  | Y / N                | Y / N           | Y / N                                  | GAS <input checked="" type="checkbox"/> |
| Down to nothing      | Y / N                                  | Y / N                | Y / N           | Y / N                                  | Type of Fluid                           |
| Gas or Oil           | <input checked="" type="radio"/> Y / N | Y / N                | Y / N           | Y / N                                  | Injected for                            |
| Water                | Y / N                                  | Y / N                | Y / N           | <input checked="" type="radio"/> 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.

|                                      |                               |                                                            |  |
|--------------------------------------|-------------------------------|------------------------------------------------------------|--|
| Signature: <i>Samuel Lewis</i>       |                               | OIL CONSERVATION DIVISION<br>Entered into RBDMS<br>Re-test |  |
| Printed name: Samuel Lewis           |                               |                                                            |  |
| Title: Lease Oper                    |                               |                                                            |  |
| E-mail Address: Samuel-Lewis@oxy.com |                               |                                                            |  |
| Date: 12-30-21                       | Phone: 505-238-7633           |                                                            |  |
| 12-30-21                             | Witness: <i>Barbara Lynch</i> |                                                            |  |

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**District II**  
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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 86001

CONDITIONS

|                                                                                        |                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>OXY USA WTP LIMITED PARTNERSHIP<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>192463                                           |
|                                                                                        | Action Number:<br>86001                                    |
|                                                                                        | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 7/1/2022       |