

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

## BRADENHEAD TEST REPORT

|                                                       |                                   |
|-------------------------------------------------------|-----------------------------------|
| Operator Name<br><b>Oxy USA Inc.</b>                  | API Number<br><b>30-025-12297</b> |
| Property Name<br><b>West Dollarhide Devonian Unit</b> | Well No.<br><b>104</b>            |

## 1. Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>1</b> | Section<br><b>32</b> | Township<br><b>24S</b> | Range<br><b>38E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

## Well Status

|                                                                            |                                                                          |                                                                 |                                                                 |                         |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| TA'D WELL<br><input checked="" type="radio"/> YES <input type="radio"/> NO | SHUT-IN<br><input type="radio"/> YES <input checked="" type="radio"/> NO | INJECTOR<br><input type="radio"/> INJ <input type="radio"/> SWD | PRODUCER<br><input type="radio"/> OIL <input type="radio"/> GAS | DATE<br><b>11/15/22</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|

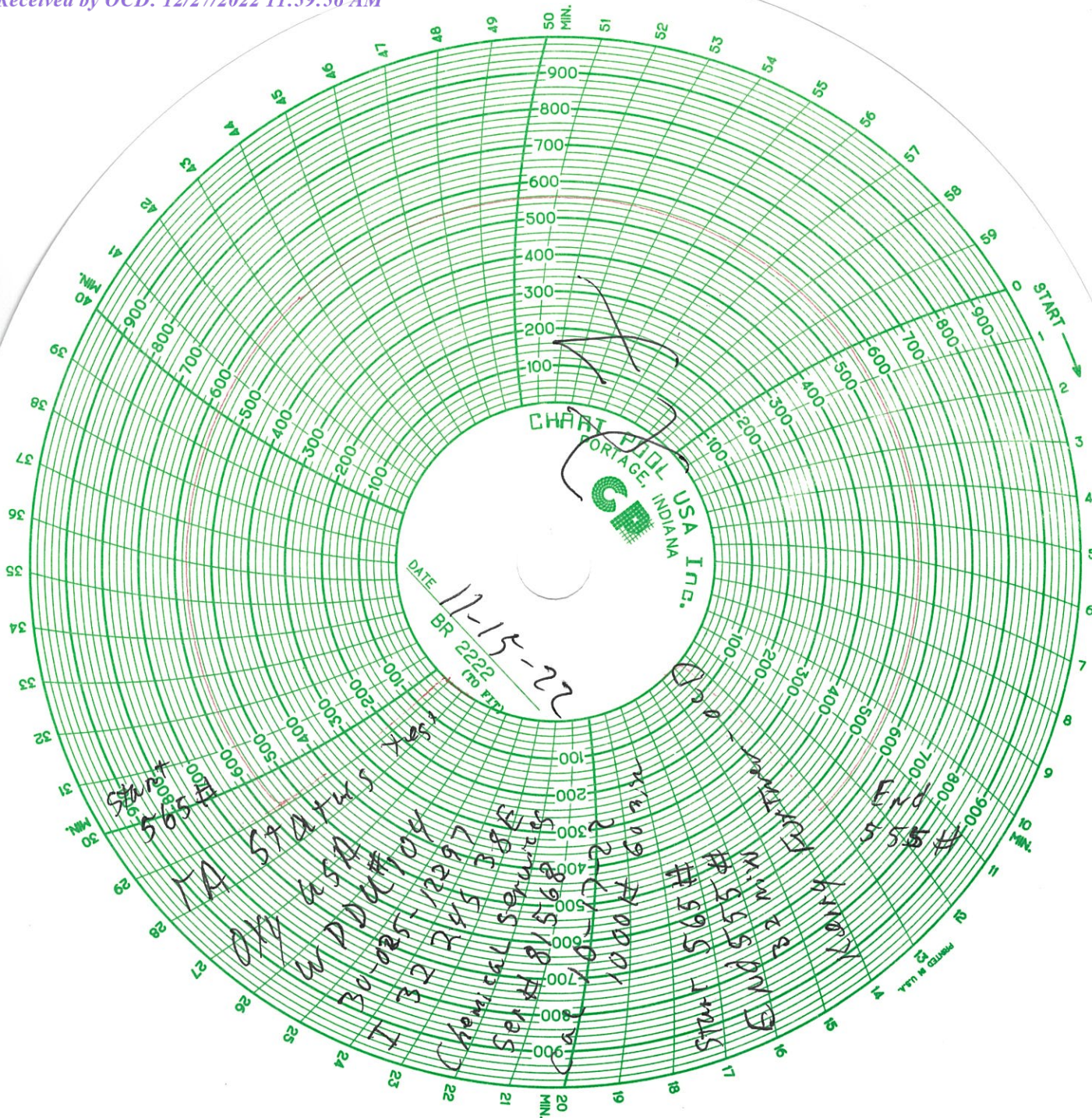
## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing     |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure             |            |              |              |             |               |
| Flow Characteristics |            |              |              |             |               |
| Puff                 | Y / N      | Y / N        | Y / N        | Y / N       | CO2 _____     |
| Steady Flow          | Y / (N)    | Y / N        | Y / N        | Y / N       | WTR _____     |
| 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.

|                                         |                              |
|-----------------------------------------|------------------------------|
| Signature: <i>Alfonso Valenzuela</i>    | OIL CONSERVATION DIVISION    |
| Printed name: <i>Alfonso Valenzuela</i> | Entered into RBDMS           |
| Title:                                  | Re-test                      |
| E-mail Address:                         |                              |
| Date: <i>11/15/22</i>                   | Phone: <i>(432) 661-1871</i> |
| 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 170191

CONDITIONS

|                                                                    |                                                            |
|--------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>OXY USA INC<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>16696                                            |
|                                                                    | Action Number:<br>170191                                   |
|                                                                    | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 1/12/2023      |