

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

HOBBS OCD
JAN 26 2017
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Oxy USA</i>	API Number <i>30-015-32440</i>
Property Name <i>STATE 2</i>	Well No. <i>85</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>2</i>	Township <i>22S</i>	Range <i>31E</i>	Feet from <i>1300</i>	N/S Line <i>S</i>	Feet From <i>1300</i>	E/W Line <i>E</i>	County <i>EDDY</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR INJ ☒ SWD ☒	PRODUCER OIL ☒ GAS ☒	DATE <i>1-24-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>0</i>	<i>490</i>
<u>Flow Characteristics</u>					
Puff	Y / ☒	Y / ☒	Y / N	Y / N	CO2 ☐
Steady Flow	Y / ☒	Y / ☒	Y / N	Y / N	WTR ☐
Surges	Y / ☒	Y / ☒	Y / N	Y / N	GAS ☐
Down to nothing	☒ / N	☒ / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / ☒	Y / ☒	Y / N	Y / N	Injected for
Water	Y / ☒	Y / ☒	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>Leo Lopez</i>	OIL CONSERVATION DIVISION
Printed name: <i>Leo Lopez</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>1-24-17</i>	Phone:
Witness: <i>Kerry Fortner- OCD</i>	