[District]
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
OXY	30-025-09489
Property Name	**Well No.**
Myers Langlie Mattix Unit	138

Surface Location

										GAS	5-25-11
F			07	24S		660	N	660	E	Lea

A 1 24S 36E

Well Status

SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	INJ	SWD	OIL	GAS	3-23-17

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	—	—	0	300
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 Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

Signature:	OIL CONSERVATION DIVISION
Printed name: Vincent G. Adame III	Entered into RBDMS
Title PT	Re-test
E-mail Address: Vincent_adame@oxy.com	
Date: 3-23-17 Phone: 806-218-2071	
Witness: Gary Robinson	

INSTRUCTIONS ON BACK OF THIS FORM

SGM

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

11021

Operator Name	API Number
OXY	30-025-11027
Property Name	**Well No.**
Myers Langlie Mattix Unit	141

Surface Location

Unit	Section	Township	Range	Feet From	N/S	Feet From	E/W	County
H	6	24	37	1962	N	660	E	Lea

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES (NO)	YES (NO)	(INJ) SWD	OIL GAS	3-23-17

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	—	—	0	250
Flow Characteristics					
Puff	Y / (N)	Y / N	Y / N	Y / (N)	CO2 ___
Steady flow	Y / (N)	Y / N	Y / N	Y / (N)	CO2 ___
Surges	Y / (N)	Y / N	Y / N	Y / (N)	GAS ___
Down to nothing	(Y) / N	Y / N	Y / N	(Y) / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / (N)	Y / N	Y / N	Y / (N)	
Water	Y / (N)	Y / N	Y / N	Y / (N)	

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

Signature:	OIL CONSERVATION DIVISION
Printed name: Vincent G. Adame PT	Entered into RBDMS
Title PT	Re-test
E-mail Address: Vincent_adame@oxy.com	
Date 3-23-17 Phone: 806 215 2071	
Witness: Gary Robinson	

INSTRUCTIONS ON BACK OF THIS FORM