

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**

|                                                |                                   |
|------------------------------------------------|-----------------------------------|
| Operator Name<br><b>OCCIDENTAL PERMIAN LTD</b> | API Number<br><b>30-025-07444</b> |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  | Well No.<br><b>#441</b>           |

**Surface Location**

|         |         |          |       |           |          |           |          |        |
|---------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| UL -Lot | Section | Township | Range | Feet From | N/S Line | Feet From | E/W Line | County |
|         | 29      | 18S      | 38E   | 330       | S        | 330       | E        | Leon   |

**Well Status**

|                                         |                                         |          |                                          |            |
|-----------------------------------------|-----------------------------------------|----------|------------------------------------------|------------|
| TAD Well                                | SHUT-IN                                 | INJECTOR | PRODUCING                                | DATE       |
| Yes <input checked="" type="radio"/> No | Yes <input checked="" type="radio"/> No | INJ SWD  | <input checked="" type="radio"/> OIL GAS | 06-29-2020 |

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

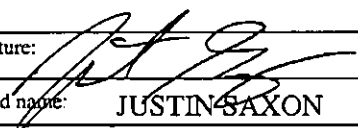
**OBSERVED DATA**

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

|                             | (A) Surf-Interm                        | (B) Interm-Interm(2)                   | (C) Interm-Prod                        | (D) Prod Csg | (E) Tubing                   |
|-----------------------------|----------------------------------------|----------------------------------------|----------------------------------------|--------------|------------------------------|
| Pressure                    | 0                                      | 0                                      | 0                                      | 385          | 410                          |
| <b>Flow Characteristics</b> |                                        |                                        |                                        |              |                              |
| Puff                        | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N        | CO <sub>2</sub> _____        |
| Steady Flow                 | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N        | WTR _____                    |
| Surges                      | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N        | GAS _____                    |
| Down to nothing             | <input checked="" type="radio"/> Y / N | <input checked="" type="radio"/> Y / N | <input checked="" type="radio"/> Y / N | Y / N        | Type of Fluid _____          |
| Gas or Oil                  | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / N        | Injected for _____           |
| Water                       | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> 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.

Josh Scholtz // 701 690 7053

|                                                                                                |                           |
|------------------------------------------------------------------------------------------------|---------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: JUSTIN SAXON                                                                     | Entered into RBDMS        |
| Title: WELL SURVEILLANCE LEAD                                                                  | Re-test                   |
| E-mail Address: Justin.Saxon@oxy.com                                                           |                           |
| Date                                                                                           | Phone: 575-397-8206       |
|                                                                                                | Witness:                  |

**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 17184

**CONDITIONS OF APPROVAL**

|              |                        |               |                      |        |        |                |       |              |        |
|--------------|------------------------|---------------|----------------------|--------|--------|----------------|-------|--------------|--------|
| Operator:    | OCCIDENTAL PERMIAN LTD | P.O. Box 4294 | Houston, TX772104294 | OGRID: | 157984 | Action Number: | 17184 | Action Type: | C-103Z |
| OCD Reviewer | Condition              |               |                      |        |        |                |       |              |        |
| ksimmons     | None                   |               |                      |        |        |                |       |              |        |