

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>OXY USA</b> |  | API Number<br><b>30-025-27089</b> |  |
| Property Name<br><b>MLM</b>     |  | Well No.<br><b>#212</b>           |  |

## 2. Surface Location

|                      |                     |                        |                     |                          |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>G</b> | Section<br><b>7</b> | Township<br><b>24S</b> | Range<br><b>37E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>1780</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                      |                                                    |                                                  |     |     |                                                  |                          |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|-----|--------------------------------------------------|--------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER<br><input checked="" type="radio"/> GAS | DATE<br><b>11-1-2020</b> |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|-----|--------------------------------------------------|--------------------------|

## OBSERVED DATA

|                      | (A) Surface                            | (B) Intern(1) | (C) Intern(2) | (D) Prod Csg                           | (E) Tubing                                       |
|----------------------|----------------------------------------|---------------|---------------|----------------------------------------|--------------------------------------------------|
| Pressure             | <b>0</b>                               |               |               | <b>0</b>                               | <b>600 #</b>                                     |
| Flow Characteristics |                                        |               |               |                                        |                                                  |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / N         | Y / N         | Y / <input checked="" type="radio"/> N | CO2 <input type="checkbox"/>                     |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N         | Y / N         | Y / <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/>          |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N         | Y / N         | Y / <input checked="" type="radio"/> N | GAS <input type="checkbox"/>                     |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N         | Y / N         | <input checked="" type="radio"/> Y / N | Type of fluid injected for waterflood if applies |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N         | Y / N         | Y / <input checked="" type="radio"/> N |                                                  |
| Water                | Y / <input checked="" type="radio"/> N | Y / N         | Y / N         | Y / <input checked="" type="radio"/> N |                                                  |

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

|                                              |                            |                           |  |
|----------------------------------------------|----------------------------|---------------------------|--|
| Signature: <b>Albert Flores</b>              |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Albert Flores</b>           |                            | Entered into RBDMS        |  |
| Title: <b>PFA</b>                            |                            | Re-test                   |  |
| E-mail Address: <b>ALBERT_FLORES@OXY.COM</b> |                            |                           |  |
| Date: <b>11/01/2020</b>                      | Phone: <b>432-557-2173</b> |                           |  |
| Witness:                                     |                            | <b>K7</b>                 |  |

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 11919

**CONDITIONS OF APPROVAL**

|              |                                |               |                      |        |        |                |       |              |                 |
|--------------|--------------------------------|---------------|----------------------|--------|--------|----------------|-------|--------------|-----------------|
| Operator:    | OXY USA WTP LIMITED PARTNERSHI | P.O. Box 4294 | Houston, TX772104294 | OGRID: | 192463 | Action Number: | 11919 | Action Type: | BRADENHEAD TEST |
| OCD Reviewer | Condition                      |               |                      |        |        |                |       |              |                 |
| kfortner     | None                           |               |                      |        |        |                |       |              |                 |