

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

**District II**  
811 S 1st Street, Artesia, NM 88210  
Phone: (575) 748-1283 - Fax: (575) 748-9720

**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>30-025-07408</b> |  |
| Property Name<br><b>NORTH HOBBS G/SA UNIT</b>  |  | Well No.<br><b>141</b>            |  |

**Surface Location**

|         |                      |                        |                     |  |                         |                      |                         |                      |                      |
|---------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL -Lot | Section<br><b>27</b> | Township<br><b>18S</b> | Range<br><b>38E</b> |  | Feet From<br><b>330</b> | N/S Line<br><b>S</b> | Feet From<br><b>287</b> | E/W Line<br><b>W</b> | County<br><b>LEE</b> |
|---------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|

**Well Status**

|                                                      |                                                    |                     |                                                       |                       |
|------------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------------------------------|-----------------------|
| TA'D Well<br>Yes <input checked="" type="radio"/> No | SHUT-IN<br>Yes <input checked="" type="radio"/> No | INJECTOR<br>INJ SWD | PRODUCING<br><input checked="" type="radio"/> OIL GAS | DATE<br><b>9-9-21</b> |
|------------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------------------------------|-----------------------|

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) Surface                            | (B) Interm(1) | (C) Interm(2) | (D) Prod Csng | (E) Tubing            |
|-----------------------------|----------------------------------------|---------------|---------------|---------------|-----------------------|
| Pressure                    | 0                                      | 0             | 0             | 48            | 180                   |
| <b>Flow Characteristics</b> |                                        |               |               |               |                       |
| Puff                        | Y / N                                  | Y / N         | Y / N         | Y / N         | CO <sub>2</sub> _____ |
| Steady Flow                 | Y / N                                  | Y / N         | Y / N         | Y / N         | WTR _____             |
| Surges                      | Y / N                                  | Y / N         | Y / N         | Y / N         | GAS _____             |
| Down to nothing             | <input checked="" type="radio"/> 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         | 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.

*Saul Hernandez Saul Hernandez 620 353 5150*

|                                                                                                |                            |                                                                                       |  |
|------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------|--|
| Signature:  |                            | OIL CONSERVATION DIVISION                                                             |  |
| Printed name: <b>JUSTIN SAXON</b>                                                              |                            | Entered into RBDMS                                                                    |  |
| Title: <b>SURVEILLANCE LEAD</b>                                                                |                            | Re-test                                                                               |  |
| E-mail Address: <b>JUSTIN_SAXON@OXY.COM</b>                                                    |                            |  |  |
| Date:                                                                                          | Phone: <b>806-215-3984</b> |                                                                                       |  |
| Witness:                                                                                       |                            |                                                                                       |  |

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**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 58983

**CONDITIONS**

|                                                                               |                                                            |
|-------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:                                                     |
|                                                                               | 157984                                                     |
|                                                                               | Action Number:<br>58983                                    |
|                                                                               | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

**CONDITIONS**

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 2/28/2022      |