

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

Operator Name Oxy USA, INC		API Number 3001544636	
Property Name Corral Canyon 36-25 Federal Com		Well No. 26H	

Surface Location									
UL -Lot A	Section 1	Township 25S	Range 29E		Feet From 940	N/S Line FNL	Feet From 1213	E/W Line FEL	County LEA

Well Status									
TA'D Well		SHUT-IN		INJECTOR		PRODUCING		DATE	
Yes	No	Yes	No	INJ	SWD	OIL	GAS	3/27/2024	

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		1500	
<u>Flow Characteristics</u>	none	none		none	
Puff	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	CO ₂ _____
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR _____
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid _____
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for _____
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> 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.

- A) no pressure or communication.
B) no pressure or communication.
D) no pressure or communication.

Signature: <i>Benjamin Sanchez</i>		OIL CONSERVATION DIVISION	
Printed name: Benjamin Sanchez		Entered into RBDMS	
Title: Workover Completion Specialist		Re-test	
E-mail Address: benjamin_sanchez@oxy.com			
Date: 3/27/2024	Phone: 575-706-5768		
	Witness:		

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 332152

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 332152
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
timothy.martin	None	12/3/2024