

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</b>    | APT Number<br><b>30-025-29063</b> |
| Property Name<br><b>North Hobbs G/SA Unit</b> | Well No.<br><b>112</b>            |

## 2. Surface Location

|                       |                      |                        |                     |                         |                      |                          |                      |                      |
|-----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| U1. - Lot<br><b>I</b> | Section<br><b>30</b> | Township<br><b>18S</b> | Range<br><b>38E</b> | Feet from<br><b>200</b> | N/S Line<br><b>N</b> | Feet From<br><b>1310</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|-----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                                             |                                                   |                                                                                  |                                                                       |                        |
|---------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>NO <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><b>5-23-24</b> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surface                              | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg                             | (E)Tubing                    |
|----------------------|-----------------------------------------|--------------|--------------|-----------------------------------------|------------------------------|
| Pressure             | 0                                       | NA           | NA           | 0                                       | 0                            |
| Flow Characteristics |                                         |              |              |                                         | NOT LUS                      |
| Pull                 | Y / <input checked="" type="checkbox"/> | Y / N        | Y / N        | Y / <input checked="" type="checkbox"/> | CO2 <input type="checkbox"/> |
| Steady Flow          | Y / <input checked="" type="checkbox"/> | Y / N        | Y / N        | Y / <input checked="" type="checkbox"/> | WTR <input type="checkbox"/> |
| Surges               | Y / <input checked="" type="checkbox"/> | Y / N        | Y / N        | Y / <input checked="" type="checkbox"/> | GAS <input type="checkbox"/> |
| Down to nothing      | 0 / N                                   | Y / N        | Y / N        | 0 / N                                   | Type of Fluid                |
| Gas or Oil           | Y / <input checked="" type="checkbox"/> | Y / N        | Y / N        | Y / <input checked="" type="checkbox"/> | Injected for                 |
| Water                | Y / <input checked="" type="checkbox"/> | Y / N        | Y / N        | Y / <input checked="" type="checkbox"/> | Water flood if               |
|                      |                                         |              |              |                                         | applies                      |

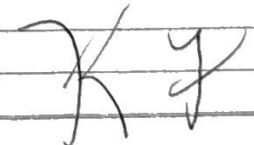
Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

PWOT

DATE

SER# DCM# 99

CAL 5-1-24

|                                     |        |                                                                                       |
|-------------------------------------|--------|---------------------------------------------------------------------------------------|
| Signature:                          |        | OIL CONSERVATION DIVISION                                                             |
| Printed name:                       |        | Entered into RBDMS                                                                    |
| Title:                              |        | Re-test                                                                               |
| E-mail Address:                     |        |  |
| Date:                               | Phone: |                                                                                       |
| Witness: <b>Kerry Fortner - OCD</b> |        |                                                                                       |

INSTRUCTIONS ON BACK OF THIS FORM

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 429095

CONDITIONS

|                                                                               |                                                            |
|-------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                           |
|                                                                               | Action Number:<br>429095                                   |
|                                                                               | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

| Created By   | Condition | Condition Date |
|--------------|-----------|----------------|
| robert.asher | None      | 1/26/2026      |