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

State of New Mexico

JUN 1 1 2014

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

RECEIVED

| BRADENHEAD TEST RE |
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| | | | | | HEAD TE | EST RE | PORT | · | | | | | |
|--|--|---------------|-------------------------|------------------------|--|--------------------|----------------|------------|--------------|-------------------------------------|--------------|--|--|
| | _ | - | Operato OCCIDENTAL I | r Name PERMIAN, LTD | | - | | | | ³ API Numb 30-025-074 | er 10 | | |
| Property Name NORTH HOBBS (G/SA) UNIT | | | | | | | | | | Well No. | | | |
| | | · · · | · | ^{7.} S | urface Loca | tion | | | | | | | |
| UL - Lot | JL - Lot Section Township Range 1 27 18-S 38-E | | Feet from | | | N/S Line SOUTH | | | | E/W Line County WEST LEA | | | |
| <u> </u> | 2/ | 10-3 | Well Statu | | | | 2 | WEST | LEA | | | | |
| Well | Status | | SHUT-IN | | PRODUCING | G | ľ | DATE | | 1. 1 | | | |
| W CII | | | | | | | 5-27 | 1-)4 | Note | inshood Ve | | | |
| | OPE | N BRADEN | HEAD AND IN | TERMEDIATE | ГО АТМОЅРН | ERE INDI | VIDUALI | LY FOR 15 | 5 MINUTI | ES EACH | | | |
| If bradenheac | d flowed wa | ter, check al | of the descripti | | SERVED DA | ATA | | | | | | | |
| | | | urf-Interm | (B)Interm(1) | (B)Interm(1)-Interm(2) | | (C)Interm-Prod | | (D)Prod Csng | | (E)Tubing | | |
| Pressure | Pressure | | Ø | Pu | 16-4 | | € | | 80 | | 6 | | |
| Flow Chara | Flow Characteristics | | | 1 | ' | | | | | | | | |
| Puff | | , | Y / N | Y | (Y)/ N | | Y / N | | Y/N | | 1 | | |
| Steady Flow | | | Y / N | | / N | | Y / N | | | Y / N | | | |
| Surges | | | Y / N | | / N | | Y / N | | | Y / N | | | |
| | Down to nothing Gas or Oil | | Y / N | | / N | | Y / N | | Y/N | | | | |
| Water | | | Y / N Y / N | | / N | | Y / N Y / N | | Y/N Y/N | | _ | | |
| | | | | <u> </u> | | | | | | | | | |
| If bradenhead | d flowed wa | | l of the descript | | | • | | | | | | | |
| CLEAR | | FRE | FRESH | | SALTY | | SULFUR | | BLACK | | | | |
| Remarks: | | | | | | INJEC | TING AT | T THIS TI | ME T | WTR, GA | S, CO2 | | |
| | | | | | | | | | | , <u></u> : | ·, <u></u> · | | |
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| 4.º | | | | | | | | | | | | | |
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| ナルフ | + P | uff | ro D I | | | | | | | | | | |
| $\mathcal{N}_{\mathcal{O}}$ | 2 ^ | | 7 (| | | ~ (|) , | | | | | | |
| 104 | m's | V m | Dung | | | 128 | 61 | 12/2 | 2014 | | | | |
| Signature: | | | | | | | | OII | CONG | TEDALATIO | NI DIMICIONI | | |
| , | | | | | | | | | | | N DIVISION | | |
| Printed name: MENDY JOHN | | | | | | Entered into RBDMS | | | | | | | |
| Title: ADMINISTRATIVE ASSOCIATE | | | | | | Re-test | | | | | | | |
| E-mail Addr | ess <u>mendy</u> | johnson@o | xy.com | | | | | | 13. | | | | |
| Date | | | Phone: 806 | -592-6280 | | | | | | | | | |

Witness: