

HOBBSOCD

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

MAR 03 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Oxy USA Inc</i>	API Number <i>30-025-05527</i>
Property Name <i>East Eumant Unit</i>	Well No. <i>2</i>

1. Surface Location

UL - Lot <i>A G</i>	Section <i>33</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

☒ YES TA'D WELL	☐ NO	☒ YES SHUT-IN	☐ NO	☒ INJECTOR	☐ SWD	☐ OIL	☐ PRODUCER	☐ GAS	DATE <i>3-3-15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0 psi</i>			<i>0 psi</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for waterhead if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

BS 3/6/2015

Signature: <i>Alex Estrella</i>	OIL CONSERVATION DIVISION
Printed name: <i>Alex Estrella</i>	Entered into RBDMS
Title: <i>Production Tech</i>	Re-test
E-mail Address: <i>Alex_Estrella@oxy.com</i>	
Date:	Phone: <i>575-390-9889</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 10 2015