

APR 22 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy</i>	API Number <i>30-025-29023</i>
Property Name <i>North Hobbs GSA 24</i>	Well No. <i>432</i>

Surface Location									
UL - Lot <i>I</i>	Section <i>24</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>2480</i>	N/S Line <i>S</i>	Feet From <i>1280</i>	E/W Line <i>E</i>	County <i>LRA</i>	

Well Status							
TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐	DATE <i>4/6/15</i>			

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>45# → 0</i>	<i>2</i>
Flow Characteristics					
Puff	<i>0 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>0 N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 N</i>	Type of Fluid
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 N</i>	Injected for
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Waterflood if
					applies

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

Prod-Csg- 45# gas down to zero - 2-3 sec. gvb

FOR RECORD ONLY

LAD/OCD

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/6/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 08 2015

h.

WORKORDER # OP56289653: NORTH HOBBS UNIT 24-432 MIT PRESSURE TEST USING PUMP TRUCK

Asset: 402079

WELLHEAD

Tagnum:

Location: 3002529073

NORTH HOBBS GRAYBURG SAN ANDRES UNIT 432-24

Serial Num:

Location Hierarchy Path: OXY PERMIAN / OXY PERMIAN PRODUCTION SITES / PERMIAN PRODUCTION EOR / HOBBS / NORTH HOBBS GRAYBURG SAN ANDRES UNIT

Failure Remarks:

Misc WO:

Misc Asset:

Sched Start:	
Sched Finish:	
Target Start:	
Target Finish:	
Actual Start:	
Actual Finish:	
Report Date:	3/31/15
Reported By:	XELSTONT
Phone #:	(575) 397-8277
On Behalf Of:	HUBBARDG
On Behalf of Phone #:	(505) 631-6881

Site:	OP
WO Priority:	3
Work Type:	CMR
Status:	APPR
Parent:	
Failure Class:	OWELLHD
Failure Class:	OP-WELLHEAD
Problem Code:	
Finance Project:	1127289
Finance Task:	01020206

Job Plan:	
JP Description:	
PM Num:	
Oxy_misrpm:	
Lead:	
Supervisor:	HUBBARDG
Area:	HOBBS
Work Group:	OP-PT
Planning Group:	
Work Category:	UF
Est Duration:	

NO RECORD ONLY
3/31/15

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,
NM 88240

T0: Pate Tr

DATE:03/18/15

This is to certify that:

I, Bud Collins

Technician for American Valve & Meter Inc.

has checked the calibration of the following instrument.

8" Pressure recorder

Ser.# 7842

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0			

Remarks: _____

Signature: Bud Collins

B8
5/6/2015 FOR RECORD ONLY