

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

JUN 18 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Occident 1 Permian Limited Partnership</i>	API Number <i>30 025-07613</i>
Property Name <i>SOUTH HOBBS</i>	Well No. <i>30</i>

Surface Location

UL - Lot <i>17</i>	Section <i>5</i>	Township <i>19S</i>	Range <i>38E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>6.60</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	SWD	PRODUCER OIL	GAS	DATE <i>5-21-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>15</i>	<i>642</i>
Flow Characteristics	<i>0</i>				
Puff	Y/N	Y/N	Y/N	<i>Y/N</i>	CO2 ☐
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ☒
Surges	Y/N	Y/N	Y/N	Y/N	GAS ☐
Down to nothing	Y/N	Y/N	Y/N	<i>Y/N</i>	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if

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

BS 6/26/15

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Melody Johnson</i>	Entered into RBDMS
Title: <i>ADMIN ASSOC.</i>	Re-test
E-mail Address: <i>Melody-johnson@oxy.com</i>	
Date: <i>JUN 16 2015</i>	
Phone:	
Witness: <i>Bill Sanborn</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 01 2015