

HOE. 30  
JUN 18 2015  
RECEIVED

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

BRADENHEAD TEST REPORT

|                                          |                            |
|------------------------------------------|----------------------------|
| Operator Name<br>OCCIDENTAL PERMIAN, LTD | API Number<br>30-025-07545 |
| Property Name<br>NORTH HOBBS (G/SA) UNIT | Well No.<br>231            |

2. Surface Location

|               |               |                  |               |                   |                   |                   |                  |               |
|---------------|---------------|------------------|---------------|-------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot<br>K | Section<br>33 | Township<br>18-S | Range<br>38-E | Feet from<br>2310 | N/S Line<br>SOUTH | Feet From<br>1320 | E/W Line<br>WEST | County<br>LEA |
|---------------|---------------|------------------|---------------|-------------------|-------------------|-------------------|------------------|---------------|

Well Status

|                                                      |                                                    |                                                      |                     |                  |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------|------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> INJ SWD | PRODUCER<br>OIL GAS | DATE<br>6-8-2015 |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------|------------------|

OBSERVED DATA

|                      | (A)Surface                             | (B)Interm(1)                           | (C)Interm(2) | (D)Prod Csg                            | (E)Tubing                                                 |
|----------------------|----------------------------------------|----------------------------------------|--------------|----------------------------------------|-----------------------------------------------------------|
| Pressure             | Puff                                   | 20                                     | N/A          | 250                                    | 10/5                                                      |
| Flow Characteristics |                                        |                                        |              |                                        |                                                           |
| Puff                 | Y / N                                  | Y / N                                  | Y / N        | Y / N                                  | CO2 <input type="checkbox"/>                              |
| Steady Flow          | Y / N                                  | Y / N                                  | Y / N        | Y / N                                  | WTR <input checked="" type="checkbox"/>                   |
| Surges               | Y / N                                  | Y / N                                  | Y / N        | Y / N                                  | GAS <input type="checkbox"/>                              |
| Down to nothing      | <input checked="" type="radio"/> Y / N | <input checked="" type="radio"/> Y / N | Y / N        | <input checked="" type="radio"/> Y / N | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | Y / N                                  | Y / N                                  | Y / N        | Y / N                                  |                                                           |
| Water                | Y / N                                  | Y / N                                  | Y / N        | Y / N                                  |                                                           |

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

Surface puff to zero. Intermediate and prod. casing to zero.

Jessie Shaffer 806-215-0115

BS 6/25/15

|                                       |                           |
|---------------------------------------|---------------------------|
| Signature: <i>Mendy Johnson</i>       | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON           | Entered into RBDMS        |
| Title: ADMINISTRATIVE ASSOCIATE       | Re-test                   |
| E-mail Address: mendy_johnson@oxy.com |                           |
| Date: 6/15/15                         | Phone: 806-592-6280       |
| Witness:                              |                           |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 18 2015