

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

FEB 16 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Oxy Perm USA WTP Limited Partnership</i>	API Number <i>30-025-36934</i>
Property Name <i>B Hardin</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>D</i>	Section <i>19</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>410</i>	NS Line <i>N</i>	Feet from <i>348</i>	EAW Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR ☐	SWD ☐	PRODUCER ☒	GAS ☐	DATE <i>2-1-16</i>
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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>20</i>	<i>20</i>
Flow Characteristics					
Pull	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Water/Gel if
					applies

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

Surface casing 0 PSI

Sared Juck Sared TUCKER 575 499-4992

Signature: <i>Mendy Johnson</i>	<i>BS 2/16/16</i>
Printed name: <i>MENDY JOHNSON</i>	OIL CONSERVATION DIVISION
Title: <i>ADMIN ASSOCIATE</i>	Entered into RBDMS <i>BS</i>
E-mail Address: <i>mendy-johnson@oxy.com</i>	Re-test
Date: <i>2/1/16</i>	
Phone: <i>806-592-6280</i>	
Witness:	

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