

APR 18 2016

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

RECEIVED

BRADENHEAD TEST REPORT

|                                            |                              |
|--------------------------------------------|------------------------------|
| Operator Name<br>OCCIDENTAL PERMIAN, LTD ✓ | API Number<br>30-025-07602 ✓ |
| Property Name<br>SOUTH HOBBS (G/SA) UNIT ✓ | Well No.<br>44 ✓             |

7. Surface Location

|               |              |                 |              |                   |                   |                   |                  |                 |
|---------------|--------------|-----------------|--------------|-------------------|-------------------|-------------------|------------------|-----------------|
| UL - Lot<br>J | Section<br>4 | Township<br>19S | Range<br>38E | Feet from<br>2310 | N/S Line<br>SOUTH | Feet From<br>1650 | E/W Line<br>EAST | County<br>LEA ✓ |
|---------------|--------------|-----------------|--------------|-------------------|-------------------|-------------------|------------------|-----------------|

Well Status

|                                                                            |                                                               |                                                                 |                                                                            |                 |
|----------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-----------------|
| TA'D WELL<br><input checked="" type="radio"/> YES <input type="radio"/> NO | SHUT-IN<br><input type="radio"/> YES <input type="radio"/> NO | INJECTOR<br><input type="radio"/> INJ <input type="radio"/> SWD | PRODUCER<br><input checked="" type="radio"/> OIL <input type="radio"/> GAS | DATE<br>3/15/16 |
|----------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-----------------|

OBSERVED DATA

|                      | (A)Surface                             | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg                            | (E)Tubing                                                  |
|----------------------|----------------------------------------|--------------|--------------|----------------------------------------|------------------------------------------------------------|
| Pressure             | 0                                      | N/A          | N/A          | 0                                      | -0-                                                        |
| Flow Characteristics |                                        |              |              |                                        |                                                            |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | <input checked="" type="radio"/> Y / N | CO2 ___                                                    |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | WTR ___                                                    |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N | GAS ___                                                    |
| Down to nothing      | <input checked="" type="radio"/> Y / N | 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 / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N |                                                            |
| Water                | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / <input checked="" type="radio"/> N |                                                            |

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

575-318-4763

KRIS ALLEN

BS 4-29-16

|                                              |                              |
|----------------------------------------------|------------------------------|
| Signature: <u>Mendy Johnson</u> APR 13 2016  | OIL CONSERVATION DIVISION    |
| Printed name: MENDY JOHNSON                  | Entered into RBDMS <u>BS</u> |
| Title: ADMINISTRATIVE ASSOCIATE              | Re-test                      |
| E-mail Address: <u>mendy_johnson@oxy.com</u> |                              |
| Date: <u>3-15-16</u>                         | Phone: 806-592-6280          |
| Witness: <u>Kris Allen</u>                   |                              |

INSTRUCTIONS ON BACK OF THIS FORM

APR 29 2016