

MAY 16 2016

RECEIVED

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

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-07569
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 3

7. Surface Location

UL - Lot L	Section 34	Township 18-S	Range 38E	Feet from 1980	N/S Line SOUTH	Feet From 560	E/W Line WEST	County LEA
---------------	---------------	------------------	--------------	-------------------	-------------------	------------------	------------------	---------------

Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE 4-27-16
--	----	----------------	----	-----------------	-----	---	-----	-----------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	0	40 psi	40 psi
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	CO2 ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	WTR ___
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	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.

surface, interm 1, and interm 2 had puff of gas. Bryan Loftin 575-441-9739

BS 5-31-16

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS <i>BS</i>
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: MAY 11 2016	Phone: 806-592-6280
Witness:	