

JUN 22 2016

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>30-025-28337 |
| Property Name<br>SOUTH HOBBS (G/SA) UNIT | Well No.<br>133            |

7. Surface Location

|          |         |          |       |           |          |           |          |        |
|----------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
| E        | 3       | 19S      | 38E   | 1840      | NORTH    | 748       | WEST     | LEA    |

Well Status

|           |         |          |          |        |
|-----------|---------|----------|----------|--------|
| TA'D WELL | SHUT-IN | INJECTOR | PRODUCER | DATE   |
| YES       | YES     | INJ      | OIL      | 6-6-16 |

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing     |
|----------------------|------------|--------------|--------------|--------------|---------------|
| Pressure             | e          | N/A          | N/A          | e            | e             |
| Flow Characteristics |            |              |              |              |               |
| Puff                 | Y / N      | Y / N        | Y / N        | Y / N        | 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        | Y / N        | 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 |
|                      |            |              |              |              | applies.      |

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

Surface had puff of gas.

Bryan Lakin

575-441-9739

|                                       |                           |
|---------------------------------------|---------------------------|
| 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: JUN 16 2016                     |                           |
| Phone: 806-592-6280                   |                           |
| Witness:                              |                           |

INSTRUCTIONS ON BACK OF THIS FORM