

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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-26481
Property Name BYERS "A"	Well No. 31

Surface Location

UL - Lot D	Section 3	Township 19-S	Range 38-E	Feet from 660	N/S Line NORTH	Feet From 735	E/W Line WEST	County LEA
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input type="radio"/> OIL <input type="radio"/> GAS	DATE 6-16-16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	0	N/A	0	0
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	CO2 ___
Steady Flow	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	WTR ___
Surges	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	Injected for
Water	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> 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 a puff of gas Bryan Leflin 6-16-16

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