

HOBBS OCD

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

MAR 22 2017

BRADENHEAD TEST REPORT

RECEIVED

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| Operator Name<br><b>Oxy</b>              | API Number<br><b>30-025-10398</b> |
| Property Name<br><b>E.M. ELLIOT Fed.</b> | Well No.<br><b>43</b>             |

Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>C</b> | Section<br><b>22</b> | Township<br><b>22s</b> | Range<br><b>37e</b> | Feet from<br><b>510</b> | N/S Line<br><b>N</b> | Feet from<br><b>2130</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                                                           |                                                                            |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | PRODUCER<br><input checked="" type="radio"/> OIL <input type="radio"/> GAS | DATE<br><b>3-22-17</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A) Surface                                                | (B) Intermit 1                                             | (C) Intermit 2                                             | (D) Prod Casing                                            | (E) Tubing                   |
|----------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------|
| Pressure             | <b>0</b>                                                   | <b>0</b>                                                   | <b>—</b>                                                   | <b>300</b>                                                 | <b>100</b>                   |
| Flow Characteristics |                                                            |                                                            |                                                            |                                                            |                              |
| Full                 | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | CO2 <input type="checkbox"/> |
| Steady Flow          | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | WTR <input type="checkbox"/> |
| Surges               | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | GAS <input type="checkbox"/> |
| Down to nothing      | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" 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 checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | Injected for                 |
| Water                | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | Water level if               |
|                      |                                                            |                                                            |                                                            |                                                            | applies                      |

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

|                                              |                           |
|----------------------------------------------|---------------------------|
| Signature:                                   | OIL CONSERVATION DIVISION |
| Printed name: <b>Alex Estrella</b>           | Entered into RBDMS        |
| Title: <b>Production Tech</b>                | Re-test                   |
| E-mail Address: <b>alex_estrella@oxy.com</b> |                           |
| Date: <b>3/22/17</b>                         |                           |
| Phone: <b>575 424 2916</b>                   |                           |
| Witness: <b>Dave Robinson</b>                |                           |

INSTRUCTIONS ON BACK OF THIS FORM