

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

BRADENHEAD TEST REPORT

Operator Name <u>Oxy</u>	API Number <u>30-025-23221</u>
Property Name <u>HD McKinley</u>	Well No. <u>9</u>

7. Surface Location									
BL - Lot <u>G</u>	Section <u>30</u>	Township <u>18S</u>	Range <u>38E</u>		Feet from <u>2235</u>	N/S Line <u>N</u>	Feet From <u>2310</u>	E/W Line <u>E</u>	County <u>Lea</u>

Well Status									
TA'D WELL <u>YES</u>	NO	SHUT-IN <u>YES</u>	NO	INJ	INJECTOR SWD	PRODUCER <u>OIL</u>	GAS	DATE <u>12/7/17</u>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	ϕ
Flow Characteristics					
Pull	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	CO2 —
Steady Flow	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	WTR —
Surges	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	GAS —
Down to nothing	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	Type of Fluid
Gas or Oil	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	Injected for
Water	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	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.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <u>mtb</u>
E-mail Address:	
Date: <u>12/7/17</u>	Phone:
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM