

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

HOBBS OCD

APR 09 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Oxy</i>	API Number <i>30-025-43074</i>
Property Name <i>N. H. G/SA</i>	Well No. <i>668</i>

UL - Lot <i>H</i>	Section <i>24</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>2132</i>	N/S Line <i>N</i>	Feet From <i>635</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status		DATE <i>4/9/18</i>	
TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☒ NO ☐	INJECTOR IN ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐

OBSERVED DATA

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

Post Workover - ZHT-

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>4/9/18</i>	<i>gms</i>
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM