

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

HOBBS OCD

BRADENHEAD TEST REPORT

AUG 22 2019 RECEIVED	Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-05466
	Property Name NORTH HOBBS (G/SA) UNIT	Well No. 421

7. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
H	23	18-S	37-E		1650	NORTH	330	EAST	LEA

Well Status

Well Status <i>Active</i>	SHUT-IN <i>No</i>	PRODUCING <i>Oil</i>	DATE <i>8-13-19</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csg	(E)Tubing
Pressure	<i>e</i>	<i>e</i>	<i>0.12</i>	<i>320</i>	<i>323</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

Bryan Lallin
575-441-9789
8-13-19

Signature:		OIL CONSERVATION DIVISION	
Printed name: MENDY JOHNSON		Entered into RBDMS	
Title: ADMINISTRATIVE ASSOCIATE		Re-test	
E-mail Address: <u>mendy_johnson@oxy.com</u>			
Date:	Phone: 806-592-6280		
	Witness:		