District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 720

JUL 23 2019

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

BRADENHEAD TEST REPORT

| | -=11/5 | =D | | | DENI | HEAD TE | ST RE | PORT | 1 | | | | |
|--|-------------------|----------------|---------------------------|--------------------|------------------------|------------------|----------------|-----------------|--------------------|--------------|--------------------------------------|------------|--|
| RE | CEIVI | C | Operator OCCIDENTAL P | r Name PERMIAN, | LTD | | | | | | ^{3.} API Numl 30-025-374 | | |
| Property Name NORTH HOBBS (G/SA) UNIT | | | | | | | | | Well No. 711 | | | | |
| | | · | | | 7. Su | ırface Locati | on | | | | | | |
| UL - Lot | Section | Township | Range | Feet from | | | 1 | | Feet I | Trom | E/W Line C | | |
| С | 29 | 18-S | S 38-E | | Well Status | | NORTH | | 165 | 650 WEST | | LEA | |
| | | | | | v | | | <u> </u> | | | | | |
| | Status | | SHUT-IN | | PRODUCING | | | DATE 7-17-19 | | | INT 1 Gas | | |
| ACT | | N RDADENI | ADENHEAD AND INTERMEDIATE | | | ‰} O atmosphe | | | | | | 1605 | |
| | OPE | n bradeni | iead and in | i ekviedi | | ERVED DA | | VIDUALI | LIFUKI | MINUI | ES EACH | | |
| f bradenheac | l flowed wa | ter, check all | of the descripti | ons that ap | | EKVED DA | IA | | | | | | |
| | | (A)Su | (A)Surf-Interm (| | (B)Interm(1)-Interm(2) | | (C)Interm-Prod | | | (D)Prod Csng | | (E)Tubing | |
| ressure | | | Ø | | NIA | | ผเล | | | 0 | | 1100 | |
| Flow Chara | | | _ | | | | | | | | | | |
| Puf | | C | ⊘ / N | | Y/N | | Y/N | | | | 37 N | | |
| Steady Flow | | | Y/6 | | | N | Y/N | | | | Y / 🕅 | | |
| Surges Down to nothing | | | Y/(N) (N)/ N | | | N | | Y/N Y/N | | ļ | Y/(N) (D)/ N | _ | |
| Gas or | | | (8) / N | | Y/N | | Y/N | | 1 | 6 7 N | _ | | |
| Wate | | | Y/(N) | | Y / N | | Y/N | | | | Y/(N) | 4 | |
| f bradenhead | l flowed wa | ter. check all | of the descripti | ons that an | oply: | | 1 . | | | | | | |
| CLEAR | | | FRESH | | SALTY | | | SULFUR | | | BLACK | | |
| Remarks: | | | | | | | INJECT | TING AT | THIS TIM | E_~ W Ras | TR, GAS e-567 bw Bryon lofii | s,CO2 | |
| | | | | | | | | | | ô | Rryan lofii 575-441-97 7-17-19 | n 39 | |
| | | | | | | | | | | | | | |
| Signature: | | | | | | | | | OII | L CONS | SERVATIO | N DIVISION | |
| Printed name: MENDY JOHNSON | | | | | | | | | Entered into RBDMS | | | | |
| Title: ADMINISTRATIVE ASSOCIATE | | | | | | | | | Re-test | | | | |
| E-mail Addr | ess: <u>mendy</u> | johnson@ox | y.com | | | · | | | | | | | |
| Date: | | | Phone: 806- | 592-6280 | | | | | | | | | |

Witness: