

HOBBS OCD

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

JUL 07 2020

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Oxy</i>		API Number <i>30-025-10399</i>	
Property Name <i>EM Elliot + Federal</i>		Well No. <i>4</i>	

Surface Location

UL - Lnt <i>C</i>	Section <i>220</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>510</i>	N/S Line <i>N</i>	Feet From <i>2200</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ	INJECTOR <i>NO</i>	SWD	<i>OIL</i>	PRODUCER <i>NO</i>	GAS	DATE <i>6-19-20</i>
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OBSERVED DATA

	(A) Surface	(B) Intermt 1	(C) Intermt 2	(D) Prod Casing	(E) Tubing
Pressure	<i>18</i>	<i>0</i>	<i>S</i>	<i>20</i>	<i>230</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>CO2</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>WTR</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>GAS</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	measured if
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	applicable

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

A) had 18 PSI, casing had steady flow but blew down to nothing.

B) had 0 PSI pull, blew down to nothing

D) had 20 PSI, well was flow

E) Had 230 PSI in tubing

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Josh Latimer</i>		Entered into RBDMS	
Title: <i>Production Tech II</i>		Re-test <i>[Signature]</i>	
E-mail Address: <i>joshua.latimer@oxy.com</i>			
Date:	Phone: <i>575-414-9184</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

