

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

HOBBS OCD

JUL 07 2020

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Oxy USA</i>		API Number <i>30-025-24237</i>	
Property Name <i>Buckeye</i>		Well No. <i>1</i>	
State <i>Can</i>			

1. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>2</i>	<i>17S</i>	<i>35E</i>	<i>2100</i>	<i>N</i>	<i>700</i>	<i>E</i>	<i>Lee</i>

Well Status

TA'D WELL YES	NO	SHUT-IN ☒ YES	NO	INJ	INJECTOR SWD	PRODUCER ☒ OIL	GAS	DATE <i>6/18/20</i>
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OBSERVED DATA

	(A)Surface	(B)Internl	(C)Internl2	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>10</i>		<i>30</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>0</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>0</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>0</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 Water/Gas if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

A - casing had 0 pressure, puff and blew down to nothing
B - casing had 10 PSI, puff and blew down to nothing
D - production had 30 and continued to flow
E - tubing was locked up from being shut in.

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: <i>6/18/20</i>	Phone: <i>575-414-9188</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM