

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 USA</i>		API Number <i>30-025-26480</i>	
Property Name <i>Laura J May</i>		Well No. <i>1</i>	

Surface Location

UL - Lot <i>H</i>	Section <i>27</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>1830</i>	N/S Line <i>N</i>	Feet from <i>480</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

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

	(A) Surface	(B) Interim 1	(C) Interim 2	(D) Prod Casing	(E) Tubing
Pressure	0	0		100	50
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 ☐
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ☐
Surges	Y/N	Y/N	Y/N	Y/N	GAS ☐
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid expected for well being if applicable
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

A,B - had 0 pressure, pulled, blew down to nothing
D - Production casing had 100 psi and flowed continuously
E - tubing had 50 - it has been shut in.

Signature: <i>Josh Latimer</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Josh Latimer</i>		Entered into RBDMS	
Title: <i>Production Tech II</i>		Re-test <i>X</i>	
E-mail Address: <i>joshua-latimer@oxy.com</i>			
Date: <i>6/19/20</i>	Phone: <i>575-414-9188</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM