

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</i>		API Number 30-025-32486	
Property Name <i>Baylus Cude</i>		Well No. 5	

Surface Location

UL - Lot <i>N</i>	Section <i>35</i>	Township <i>23 S</i>	Range <i>37 E</i>	Feet from <i>985</i>	N/S Line <i>S</i>	Feet from <i>1650</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

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

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>100</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
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>	maintained if
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	applies

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

A,B,D had 0 pressure
E - Had 100 PSI on tubing

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:	Phone:		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM