

**District II - Artesia**

811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

**RECEIVED**

FEB 17 2020

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

**EMNRD-OCD ARTESIA**

**BRADENHEAD TEST REPORT**

Operator Name <i>Mack Energy Corp.</i>	API Number <i>30-015-36696</i>
Property Name <i>Eagle Nest SWD</i>	Well No. <i>#002</i>

7. Surface Location									
UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County	
	<i>05</i>	<i>16</i>	<i>30</i>	<i>1675</i>	<input checked="" type="checkbox"/>	<i>330</i>	<input checked="" type="checkbox"/>	<i>Eddy</i>	

Well Status					
TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<i>2-12-20</i>	

OBSERVED DATA					
	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure <i>0</i>					
Flow Characteristics		<i>NA</i>	<i>NA</i>		
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	<i>0</i> Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	WTR _____
Surges	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	fluid injected for
Water	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

*No Fluid*

Signature: <i>Danny Smolik</i>	<b>OIL CONSERVATION DIVISION</b>
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date: <i>2-12-20</i>	Phone: 575-626-0836
Witness:	