

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

HOBBS OCD

MAY 12 2017

RECEIVED

Operator Name

API Number

ConocoPhillips Company

3002521382 ✓

Well Name

Well No

East Vacuum GB-SA 3440

010 ✓

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
N	34	17S	35E	940	S	1650	W	LEA

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ <input type="radio"/> SWD <input checked="" type="radio"/>	GAS <input type="radio"/> OIL <input checked="" type="radio"/>	3-15-17

OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	2	NA	NA	93	153
Flow Characteristics					CO2 ___
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	Y / N	Y / N	Y / N	WTR ___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	GAS ___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Down to Nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	Y / N	Y / N	Y / N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / N	

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

Signature: <i>Kerry Mackey</i>	OIL CONSERVATION DIVISION
Print name: <i>Kerry Mackey</i>	Entered in RBDMS
Title: <i>MSO</i>	Re-test
E-mail Address: <i>Kerry.L.Mackey@CORC.com</i>	<i>[Signature]</i>
Date: <i>3-15-17</i> Phone: <i>575-631-8198</i>	
Witness:	