

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

AUG 3 2017

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <b>MAR OIL AND GAS CORP</b>		API Number <b>30-025-06414-0000</b>	
Property Name <b>EUMONT HARDY UNIT</b>		Well No. <b>038</b>	

**7. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>1</b>	<b>6</b>	<b>21-S</b>	<b>37-E</b>	<b>3300</b>	<b>N</b>	<b>660</b>	<b>E</b>	<b>LEA</b>

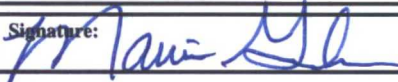

**Well Status**

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"/>	YES <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<b>8-3-17</b>

**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>—</b>	<b>—</b>	<b>0</b>	<b>1200</b>
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Waterflood

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

Signature: 	<b>OIL CONSERVATION DIVISION</b>
Printed name:	<b>Entered into RBDMS</b>
Title:	<b>Re-test</b>
E-mail Address:	
Date: <b>8-3-17</b>	Phone:
Witness: <b>KERRY FORTNER-OCD 575-399-3221</b>	