

HOBBS OCD

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

AUG 07 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>MAMMOUTH</i>		API Number <i>30-025-01982</i>	
Property Name <i>Lea A St.</i>		Well No. <i>3</i>	

Surface Location

UK - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>D</i>	<i>8</i>	<i>13</i>	<i>34E</i>	<i>660</i>	<i>N</i>	<i>660</i>	<i>W</i>	<i>Lea</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 type="checkbox"/> OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	<i>7/25/18</i>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>∅</i>	<i>—</i>	<i>—</i>	<i>10</i>	<i>10</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

Signature: <i>Alex Heeb</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>7/25/18</i>	Phone:
Witness: <i>[Signature]</i>	