

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

AUG 20 2018

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name XTO Energy, Inc	API Number 30-025-31245
Property Name Arrowhead Grayburg Unit	Well No. 227

7. Surface Location

UL - Lot E	Section 18	Township 22S	Range 37E	Feet from 1980	N/S Line North	Feet From 460	E/W Line West	County Lea
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/>	SWD	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 7-22-18
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csmg	(E) Tubing
Pressure	0	NA	NA	0	475
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	

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

Signature: <i>Adan Rodriguez</i>	OIL CONSERVATION DIVISION
Printed name: Adan Rodriguez	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: 7-22-18	Phone: 575-390-7179
Witness:	