

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

**HOBBS OGD**  
**JUN 12 2017**

**BRADENHEAD TEST REPORT**

Operator Name <i>Paladin Energy Corp</i>		API Number <i>30-025-37091</i>	
Property Name <i>STATE BT C</i>		Well No. <i>#6</i>	
Surface Location <i>33E</i>			
UL - Lot <i>F</i>	Section <i>35</i>	Township <i>11S</i>	Range <i>33E</i>
Feet From <i>1980</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>
County <i>LEA</i>			
Well Status			
TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>
			DATE <i>4-10-17</i>

OBSERVED DATA

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

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

*SWD pump not running*

Signature: <i>Ronnie Rogers</i>	OIL CONSERVATION DIVISION
Printed name: <i>RONNIE ROGERS</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <i>Mary Robinson OGD</i>	

INSTRUCTIONS ON BACK OF THIS FORM