

HOBBS OCD

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

APR 25 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Remnant Oil</i>	API Number <i>30-005-21092</i>
Property Name <i>WAKAN TANKA</i>	Well No. <i>#4</i>

1. Surface Location									
UL - Lot <i>L</i>	Section <i>27</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>2080</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>Chaves</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>4-24-18</i>			

OBSERVED DATA

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

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

*Down - Low Water*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Gray Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM