

HOBBS OCD

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

AUG 14 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name BREITBURN OPERATING, LP		API Number 30-025-38923-0000
Property Name JALMAT FIELD YATES SAND UNIT		Well No. 168

7. Surface Location

UL - Lot M	Section 12	Township 22-S	Range 35-E	Feet from 620	N/S Line S	Feet From 723	E/W Line W	County LEA
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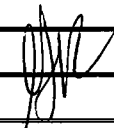
Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 8/13/18
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	N/A	N/A	0	1300
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 _____
Steady Flow	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	WTR _____
Surges	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	GAS _____
Down to nothing	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	If applicable type
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	fluid injected for
Water	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	Waterflood

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

Signature:	OIL CONSERVATION DIVISION Entered into RBDMS Re-test 
Printed name:	
Title:	
E-mail Address:	
Date:	
Phone:	Witness: KERRY FORTNER-OCD 575-399-3221