

**HOBBS OCD**

**AUG 02 2019**

**RECEIVED**

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

Operator Name <b>ConocoPhillips Company</b>		API Number <b>3002502981</b>
Well Name <b>East Vacuum GB-SA 3333</b>		Well No <b>001</b>

**Surface Location**

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
H	33	17S	35E	1980	N	660	E	LEA

**Well Status**

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR INJ	PRODUCER SWD	<input checked="" type="radio"/> OIL	GAS	DATE <b>6-12-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing <b>71</b>
Pressure	<b>0</b>			<b>69</b>	
Flow Characteristics					CO2 ___
Puff	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	WTR ___
Steady Flow	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	GAS ___
Surges	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	
Down to Nothing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	
Gas or Oil	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	
Water	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	<input type="radio"/> Y / <input checked="" type="radio"/> N	

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

Signature: <i>Kerry Mackley</i>	OIL CONSERVATION DIVISION
Print name: <i>Kerry Mackley</i>	Entered in RBDMS
Title:	Re-test
E-mail Address:	
Date: <b>6-12-19</b>	Phone:
	Witness: