

HOBBSOCD

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

DEC 26 2014

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Midland Operations</i>		API Number <i>30-025-21085</i>	
Property Name <i>Black</i>		Well No. <i>5</i>	

Surface Location

UL - Lot <i>N</i>	Section <i>21</i>	Township <i>24</i>	Range <i>37</i>	Feet from <i>1300</i>	N/S Line <i>S</i>	Feet From <i>1340</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	-----------------------	--------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input type="radio"/> OIL <input type="radio"/> GAS	DATE <i>11/3/2014</i>
--	--	--	---	--------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	<i>N/A</i>	<i>N/A</i>	ϕ	ϕ
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ____
Surges	Y / N	Y / N	Y / N	Y / N	GAS ____
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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

FOR RECORD ONLY

BL 12/26/2014

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>11/3/2014</i>	Phone:	
Witness: <i>[Signature]</i>		

JAN 07 2015