

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

FEB 26 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>Mammoth</b>		API Number <b>30-025-01981</b> ✓
Property Name <b>LEA A ST.</b>		Well No. <b>#2</b> ✓

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>K</b>	<b>8</b>	<b>17S</b>	<b>34E</b>	<b>1980</b>	<b>S</b>	<b>1980</b>	<b>W</b>	<b>LEA</b> ✓

Well Status

TA'D WELL YES	<b>NO</b>	SHUT-IN YES	<b>NO</b>	INJECTOR INJ	SWD	<b>OIL</b>	PRODUCER GAS	DATE <b>2-25-19</b> ✓
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>n/a</b>	<b>n/a</b>	<b>0</b>	<b>0</b> ✓
Flow Characteristics					
Pull	<b>Y/O</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 ___
Steady Flow	<b>Y/O</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR ___
Surges	<b>Y/O</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS ___ ✓
Down to nothing	<b>O/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/O</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/O</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Water flow if applies

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

*Sign needs operator*

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>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM