

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

BRADENHEAD TEST REPORT

Operator Name REMNANT		API Number 30-005-21092	
Property Name WARREN Tanks		Well No. #4	

1. Surface Location

UL - Lot L	Section 27	Township 13S	Range 31E	Feet from 2080	N/S Line S	Feet From 990	E/W Line W	County Chaves
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	-------------------------

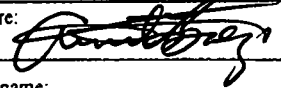
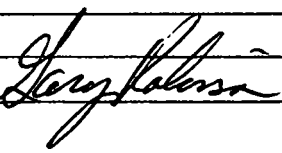
Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ INJECTOR <input type="radio"/> SWD <input checked="" type="radio"/>	OIL PRODUCER GAS <input type="radio"/>	DATE 11-13-19
--	--	--	---	-------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	0		10	50
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" type="radio"/>	Y <input type="radio"/> N <input checked="" 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 <input type="radio"/> N <input checked="" type="radio"/>	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 <input type="radio"/> N <input checked="" type="radio"/>	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 <input type="radio"/> N <input checked="" type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	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.

Signature: 		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: 			

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.