

District I
 1625 N. French Dr., Hobbs, NM 88240
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HOBBS OCD
 APR 14 2020
RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name XTO Energy, Inc	API Number 30-025-10092
Property Name Arrowhead Grayburg Unit	Well No. 198

1. Surface Location

UL - Lot E	Section 7	Township 22S	Range 36E		Feet from 2310	N/S Line North	Feet From 330	E/W Line West	County Lea
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	PRODUCER OIL	GAS	DATE 4-15-20
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csg	(E) Tubing
Pressure	0	0	NA	0	500
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Type of fluid injected for Waterflood if applies.
Gas or Oil	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	
Water	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	

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

Signature: <i>Adan Rodriguez</i>	OIL CONSERVATION DIVISION
Printed name: Adan Rodriguez	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: 4-15-20	
Phone: 575-390-7179	
Witness:	