

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

AUG 18 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Apache Corp		API Number 30-025-42495
Property Name WBDU		Well No. 130

Surface Location								
UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
A	17	21S	37E	780	N	540	E	Leq

Well Status								DATE	
TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS			
YES	<input checked="" type="radio"/> NO	YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> INJ					6-7-20

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Casing	(E) Tubing
Pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	960
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input checked="" type="radio"/> Y	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input checked="" type="radio"/> Y	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input checked="" type="radio"/> Y	GAS <input type="checkbox"/>
Down to nothing	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	Type of fluid
Gas or Oil	<input checked="" type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input checked="" type="radio"/> Y	Injected or
Water	<input checked="" type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input checked="" type="radio"/> Y	Water level 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: Tracy Cole	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone: 575-441-5196
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM