

**District II - Artesia**811 S. 1<sup>st</sup> Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

Rec'd 11/30/2020 - NMOCD

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

**BRADENHEAD TEST REPORT**

|                                                 |  |                            |
|-------------------------------------------------|--|----------------------------|
| Operator Name<br>Devon Energy Production Co. LP |  | API Number<br>30-015-20299 |
| Property Name<br>Littlefield AB Federal         |  | Well No.<br>10             |

7. Surface Location

|               |               |                 |              |                  |               |                   |               |                |
|---------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|----------------|
| UL - Lot<br>B | Section<br>22 | Township<br>18S | Range<br>31E | Feet from<br>660 | N/S Line<br>N | Feet From<br>1980 | E/W Line<br>E | County<br>EDDY |
|---------------|---------------|-----------------|--------------|------------------|---------------|-------------------|---------------|----------------|

Well Status

|                                                                            |                                                                          |                                                                            |                                                                 |                    |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|
| TA'D Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> INJ <input type="radio"/> SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br>10-28-2020 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|

**OBSERVED DATA**

|                      | (A) Surf-Interm.                                           | (B) Interm. (1)                                            | (C) Interm. (2)                                 | (D) Prod Casing                                            | (E) Tubing                              |
|----------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|-----------------------------------------|
| Pressure             | <input checked="" type="radio"/>                           | <input checked="" type="radio"/>                           |                                                 | <input checked="" type="radio"/>                           | 1175#                                   |
| Flow Characteristics |                                                            |                                                            |                                                 |                                                            |                                         |
| Puff                 | <input checked="" type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | CO2 <input type="checkbox"/>            |
| Steady Flow          | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | WTR <input checked="" type="checkbox"/> |
| Surges               | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | GAS <input type="checkbox"/>            |
| Down to nothing      | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | If applicable type                      |
| Gas or Oil           | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | fluid injected for                      |
| Water                | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N            | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N            | Waterflood                              |

If Braden head flowed water, check all the descriptions that apply:

|       |       |       |        |       |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

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

A, B, D: Light PUFF, No Build up.

Denise Menourd 575-748-5544

Accepted for record test not witnessed

NMOCD DS 12-1-2020

|                                          |                     |                           |  |
|------------------------------------------|---------------------|---------------------------|--|
| Signature:                               |                     | OIL CONSERVATION DIVISION |  |
| Printed name: Danny Smolik               |                     | Entered RBDMS             |  |
| Title: Compliance Office O               |                     | Re-test                   |  |
| E-mail Address: danny.smolik@state.nm.us |                     |                           |  |
| Date:                                    | Phone: 575-626-0836 |                           |  |
|                                          | Witness:            |                           |  |