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HOBBS OGD

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

BRADENHEAD TEST REPORT

Operator Name <i>Paladin</i>		API Number <i>30-025-36891</i>	
Property Name <i>South Vacuum 27</i>		Well No. <i>3</i>	

7. Surface Location

UL - Lot <i>I</i>	Section <i>27</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>2300</i>	NS Line <i>5</i>	Feet From <i>1100</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES	☒ NO	SHUT-IN ☒ YES	☒ NO	INJ ☐	INJECTOR ☐	SWD ☐	PRODUCER ☒ OIL	☒ GAS	DATE <i>10/31/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>2</i>			<i>50</i>	<i>50</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: <i>10-31-16</i>	Phone:		
Witness: <i>Kenny Frit</i>			