

District I
1635 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

MAY 01 2020

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name Maverick Resources	API Number 30-085-44965
Property Name Encore M. State	Well No. 022

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
P	20	22S	37E	860	S	760	E	Lea

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ	INJECTOR SWD	<input checked="" type="radio"/> OIL	PRODUCER GAS	DATE 4-7-20
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OBSERVED DATA

	(A) Surface	(B) Intern 1	(C) Intern 2	(D) Prod Casing	(E) Tubing
Pressure	80	700		70	650
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" 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	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 type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" 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	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 type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of fluid injected for water test if applicable oil
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N Gas	<input checked="" 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 Gas	
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" 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	

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

Signature: N. Lee	OIL CONSERVATION DIVISION
Printed name: NICOLE LEE	Entered into RBDMS
Title: Regulatory Compliance Tech	Re-test [Signature]
E-mail Address:	
Date: 4/28/2020	Phone: 713-437-8050
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM