

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax: (575) 393-0120

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

## BRADENHEAD TEST REPORT

|                                                        |  |                                   |  |
|--------------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><b>Texland Petroleum - Hobbs, LLC</b> |  | API Number<br><b>30-025-38572</b> |  |
| Property Name<br><b>State HF Com</b>                   |  | Well No<br><b>#02</b>             |  |

## 1. Surface Location

|                      |                      |                        |                     |                           |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|---------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>I</b> | Section<br><b>33</b> | Township<br><b>18S</b> | Range<br><b>38E</b> | Feet from<br><b>1897'</b> | N/S Line<br><b>S</b> | Feet From<br><b>957'</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|---------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                  |                                        |                |                                        |     |                 |                                                     |     |                       |
|------------------|----------------------------------------|----------------|----------------------------------------|-----|-----------------|-----------------------------------------------------|-----|-----------------------|
| TA'D WELL<br>YES | NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES | NO <input checked="" type="checkbox"/> | INJ | INJECTOR<br>SWD | PRODUCER<br>OIL <input checked="" type="checkbox"/> | GAS | DATE<br><b>7-6-22</b> |
|------------------|----------------------------------------|----------------|----------------------------------------|-----|-----------------|-----------------------------------------------------|-----|-----------------------|

## OBSERVED DATA

|                      | (A)Surface                                | (B)Intern(1) | (C)Intern(2) | (D)Prod Casing | (E)Tubing     |
|----------------------|-------------------------------------------|--------------|--------------|----------------|---------------|
| Pressure             | <b>0</b>                                  | <b>NA</b>    | <b>NA</b>    | <b>30</b>      | <b>30</b>     |
| Flow Characteristics |                                           |              |              |                |               |
| Puff                 | Y / <input checked="" type="checkbox"/> N | Y / N        | Y / N        | Y / N          | CO2           |
| Steady Flow          | Y / <input checked="" type="checkbox"/> N | Y / N        | Y / N        | Y / N          | WTR           |
| Surges               | Y / <input checked="" type="checkbox"/> N | Y / N        | Y / N        | Y / N          | GAS           |
| Down to nothing      | <input checked="" type="checkbox"/> Y / N | Y / N        | Y / N        | Y / N          | Type of Fluid |
| Gas or Oil           | Y / <input checked="" type="checkbox"/> N | Y / N        | Y / N        | Y / N          | Entered for   |
| Water                | Y / <input checked="" type="checkbox"/> N | Y / N        | Y / N        | Y / N          | Waterhead 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<br><b>Vickie Smith</b>              |                              | OIL CONSERVATION DIVISION           |  |
| Printed name<br><b>Vickie Smith</b>           |                              | Entered into RBDMS                  |  |
| Title<br><b>Regulatory Analyst</b>            |                              | Re-test                             |  |
| E-mail Address<br><b>vsmithe@texpetro.com</b> |                              | <input checked="" type="checkbox"/> |  |
| Date                                          | Phone<br><b>575-433-8395</b> |                                     |  |
|                                               | Witness                      |                                     |  |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS  
  
Action 131137

CONDITIONS

|                                                                                      |                                                            |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>TEXLAND PETROLEUM-HOBBS, LLC<br>777 Main Street<br>Fort Worth, TX 76102 | OGRID:<br>113315                                           |
|                                                                                      | Action Number:<br>131137                                   |
|                                                                                      | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 8/3/2022       |