

HOBBS OOD

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

AUG 25 2015

BRADENHEAD TEST REPORT

RECEIVED
APP Number

Operator Name <i>PPC Operating Company LLC</i>	APP Number <i>30-025-12067</i>
Property Name <i>W. H. Rhodes B Federal NCT-1</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>6</i>	Section <i>27</i>	Township <i>26S</i>	Range <i>37E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>1650</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	OIL	PRODUCER GAS	DATE <i>7/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset	<i>2 1/4</i>	\emptyset	<i>400</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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.

PLEASE CONTACT:
Jana Spraberry
PPC Operating Company LLC
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jspraberry@plantationpetro.com

BB 9/15/2015

Signature: <i>Jana Spraberry for</i>	Rick Gillentine (505) 362-1931	OIL CONSERVATION DIVISION
Printed name:	Pumper	Entered into RBDMS
Title:	deanspumping@aol.com	Re-test
E-mail Address:		
Date: <i>7/9/15</i>	Phone:	
	Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015