

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

BRADENHEAD TEST REPORT

Operator Name <i>Frontier</i>	API Number <i>30-025-42628</i>
Property Name <i>makman AGI</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>0</i>	Section <i>21</i>	Township <i>17S</i>	Range <i>32E</i>	Feet from <i>100</i>	N/S Line <i>S</i>	Feet From <i>2100</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	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>8/4/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>291</i>	<i>2052</i>
Flow Characteristics				<i>DN to zero</i>	
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.

Keep 300# on Prod Csg. Down to zero for test. MS

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/4/17</i>	
Phone:	
Witness: <i>Boone</i>	

INSTRUCTIONS ON BACK OF THIS FORM