

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Disision Hobbs District Office
BRADENHEAD TEST REPORT

HOBBS OCD

Operator Name ConocoPhillips Company	API Number 3002524781
Well Name WARREN UNIT BLINEBRY TUBB WF	Well No 031W

APR 03 2018
RECEIVED

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
O	27	20S	38E	660	S	1980	E	LEA

Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR SWD <input checked="" type="checkbox"/> INJ <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>	DATE 3-14-18
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	—	—	150	1720
Flow Characteristics					CO2 ___
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	<input checked="" type="checkbox"/> / N	WTR ___
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS ___
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Down to Nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	

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

Signature: <i>ERIK</i>	OIL CONSERVATION DIVISION
Print name: <i>ERIK Quinoz</i>	Entered in RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone: <i>575-263-6344</i>	
Witness: <i>Kerry Felt - OCD</i>	

399-3221