

AUG 18 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Oil Corp.</i>		API Number <i>30-025-06507</i>	
Property Name <i>North East Drinkard Unit (NEDU)</i>			Well No. <i>306</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>R</i>	<i>3</i>	<i>21S</i>	<i>37E</i>	<i>1980</i>	<i>S</i>	<i>1830</i>	<i>E</i>	<i>Leq</i>

Well Status

TA'D WELL YES <input type="checkbox"/>	<input checked="" type="checkbox"/> NO	SHUT-IN YES <input type="checkbox"/>	<input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	OIL PRODUCER GAS	DATE <i>5-13-20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>Ø</i>	<i>—</i>	<i>—</i>	<i>Ø</i>	<i>1220</i>
Flow Characteristics					
Pull	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

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

Signature: <i>Tracy Cole</i>	OIL CONSERVATION DIVISION
Printed name: <i>Tracy Cole</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date:	
Phone: <i>575-441-5196</i>	
Witness:	