

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

|                                 |                            |
|---------------------------------|----------------------------|
| Operator Name<br>TLT SWD        | API Number<br>30-025-01271 |
| Property Name<br>PHILLIPS STATE | Well No.<br>#1             |

## 2. Surface Location

|               |               |                 |              |                   |               |                  |               |               |
|---------------|---------------|-----------------|--------------|-------------------|---------------|------------------|---------------|---------------|
| UL - Lot<br>1 | Section<br>25 | Township<br>16S | Range<br>33E | Feet from<br>1980 | N/S Line<br>S | Feet From<br>660 | E/W Line<br>E | County<br>LEA |
|---------------|---------------|-----------------|--------------|-------------------|---------------|------------------|---------------|---------------|

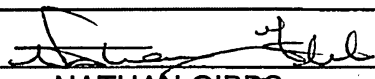
## Well Status

|                                                                                  |                                                                                |                                                                                      |                                                                       |                 |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJ INJECTOR<br>INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br>8-30-21 |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|

## OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | 0          | 0            | N/A          | 0           | 0                                                          |
| Flow Characteristics |            |              |              |             |                                                            |
| Puff                 | Y/N        | Y/N          | Y/N          | Y/N         | CO2 <input type="checkbox"/>                               |
| Steady Flow          | Y/N        | Y/N          | Y/N          | Y/N         | WTR <input checked="" type="checkbox"/>                    |
| Surges               | Y/N        | Y/N          | Y/N          | Y/N         | GAS <input checked="" type="checkbox"/>                    |
| Down to nothing      | Y/N        | Y/N          | Y/N          | Y/N         | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | Y/N        | Y/N          | Y/N          | Y/N         |                                                            |
| Water                | Y/N        | Y/N          | Y/N          | Y/N         |                                                            |

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

|                                                                                                |                           |
|------------------------------------------------------------------------------------------------|---------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: NATHAN GIBBS                                                                     | Entered into RBDMS        |
| Title:                                                                                         | Re-test                   |
| E-mail Address: ngibbs@bso-touching.com                                                        |                           |
| Date: 8-30-21                                                                                  | Phone:                    |
|                                                                                                | 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 51703

CONDITIONS

|                                                               |                                                            |
|---------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>TLT SWD, LLC<br>P.O. Box 1906<br>Hobbs, NM 88241 | OGRID:<br>287481                                           |
|                                                               | Action Number:<br>51703                                    |
|                                                               | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| gcordero   | None      | 6/8/2022       |