

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 Kaisen - Francis | API Number 30-025-24771 |
| Property Name NORTH BELL Lake Unit | Well No. 4:15 |

7. Surface Location

| | | | | | | | | |
|----------------------|---------------------|------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot X | Section 8 | Township 23S | Range 34-E | Feet from 1980 | N/S Line S | Feet From 1980 | E/W Line W | County Lea |
|----------------------|---------------------|------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

| | | | | |
|---|---|---|---|------------------------|
| TA'D WELL YES <input checked="" type="checkbox"/> NO | SHUT-IN YES <input checked="" type="checkbox"/> NO | INJECTOR INJ <input checked="" type="checkbox"/> SWD | PRODUCER OIL <input checked="" type="checkbox"/> GAS | DATE 11-9-22 |
|---|---|---|---|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|---|---|--------------|---|-----------------------|
| Pressure | 0 | 0 | NA | 0 | 550 |
| Flow Characteristics | | | | | 550 |
| Puff | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | CO2 |
| Steady Flow | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | WTR PLUMP |
| Surges | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | GAS OFF |
| Down to nothing | <input checked="" type="checkbox"/> Y / N | <input checked="" type="checkbox"/> Y / N | Y / N | <input checked="" type="checkbox"/> Y / N | Type of Fluid |
| Gas or Oil | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | Injected for |
| Water | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | 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.

| | | |
|-------------------------------------|--------|---------------------------|
| Signature: | | OIL CONSERVATION DIVISION |
| Printed name: | | |
| Title: | | |
| E-mail Address: | | |
| Date: | Phone: | |
| Witness: Kerry Portner - OCD | | Entered into RBDMS |
| | | Re-test X J |

INSTRUCTIONS ON BACK OF THIS FORM

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

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 157624

CONDITIONS

| | |
|---|--|
| Operator: KAISER-FRANCIS OIL CO PO Box 21468 Tulsa, OK 741211468 | OGRID: 12361 |
| | Action Number: 157624 |
| | Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

| | | |
|----------------|-----------|----------------|
| Created By | Condition | Condition Date |
| timothy.martin | None | 9/10/2024 |