

BRADENHEAD TEST REPORT

Operator Name <i>Riley Permyan</i>		API Number <i>30-015-00789</i>	
Property Name <i>Chalk Bluff Draw Federal</i>		Well No.	

1. Surface Location

UL - Lot <i>R</i>	Section <i>5</i>	Township <i>18S</i>	Range <i>27E</i>	Feet from <i>2055</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Eddy</i>
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Well Status

YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>11/6/2024</i>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>210</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO ₂ — <i>✓</i>
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 Injected for
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Waterflood if applies
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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

PWD BHT OIL

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

INSTRUCTIONS ON BACK OF THIS FORM

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.

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/oed/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 400509

CONDITIONS

Operator: RILEY PERMIAN OPERATING COMPANY, LLC 29 E Reno Avenue, Suite 500 Oklahoma City, OK 73104	OGRID: 372290
	Action Number: 400509
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	12/3/2024