

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><i>Driftwood</i>        | API Number<br><i>30-025-26408</i> |
| Property Name<br><i>Jamat Yates Unit</i> | Well No.<br><i>25</i>             |

## 1. Surface Location

|                      |                      |                        |                     |                          |                        |                          |                        |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|
| UL - Lot<br><i>F</i> | Section<br><i>18</i> | Township<br><i>25S</i> | Range<br><i>37E</i> | Feet from<br><i>2500</i> | N/S Line<br><i>FNL</i> | Feet From<br><i>1550</i> | E/W Line<br><i>FWL</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|------------------------|--------------------------|------------------------|----------------------|

## Well Status

|                                                                            |                                                                          |                                                  |                                                                 |                          |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|--------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><i>9/18/2024</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|--------------------------|

## OBSERVED DATA

|                      | (A)Surface                             | (B)Interm(1)                           | (C)Interm(2)                           | (D)Prod Csg                            | (E)Tubing                               |
|----------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------|
| Pressure             | <i>0</i>                               |                                        |                                        | <i>0</i>                               | <i>380</i>                              |
| Flow Characteristics |                                        |                                        |                                        |                                        |                                         |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | CO2 _____                               |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/> |
| Surges               | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | GAS _____                               |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / N | Type of Fluid                           |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Injected for                            |
| Water                | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> 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: <i>Michael Dennis</i>              | OIL CONSERVATION DIVISION  |
| Printed name: <i>Michael Dennis</i>           | Entered into RBDMS         |
| Title: <i>Supervisor</i>                      | Re-test                    |
| E-mail Address: <i>MDENNIS30820@gmail.com</i> |                            |
| Date: <i>9/18/2024</i>                        | Phone: <i>575-395-9970</i> |
| Witness:                                      | <i>GR</i>                  |

INSTRUCTIONS ON BACK OF THIS FORM

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 396733

CONDITIONS

|                                                                   |                                                            |
|-------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>DRIFTWOOD OIL, LLC<br>P.O. Box 1224<br>Jal, NM 88252 | OGRID:<br>213843                                           |
|                                                                   | Action Number:<br>396733                                   |
|                                                                   | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

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