

HOBBS OCD

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

OCT 09 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Shackelford Oil</i>	API Number <i>30-25-30572</i> ✓
Property Name <i>Lusk West Delaware</i>	Well No. <i># 103</i> ✓

1. Surface Location

UL - Lot <i>C</i>	Section <i>21</i>	Township <i>19S</i>	Range <i>32E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet from <i>1650</i>	E/W Line <i>W</i>	County <i>LEA</i> ✓
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>10-9-18</i> ✓
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>1500</i>	<i>1500</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
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 ☒
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for ☐
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if ☐

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

Prod. csg. ~~had~~ would not blow down - had 1500 PSI.
Letter written *Well was shut in.*
Need C-103 for test or work ✓

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

INSTRUCTIONS ON BACK OF THIS FORM