

HOBBS OCD

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

AUG 14 2014

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Shackelford Oil Co</i>	APN Number <i>30035305180000</i>
Property Name <i>001 WIN West Delaware Unit</i>	Well No. <i>001</i>

Surface Location

UL - Lot	Section <i>20</i>	Township <i>19S</i>	Range <i>32E</i>	<i>✓</i>	Feet from	N/S Line	Feet from	E/W Line	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	<i>INI</i> INJECTOR <i>✓</i>	SWD	OIL	PRODUCER GAS	DATE <i>7-29-14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <i>✓</i>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <i>✓</i>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <i>✓</i>
Down-to-nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	WaterCord if
					applies

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

MB Test

FOR RECORD ONLY

BS 8/16/2014

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>T L WATTS</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>7-29-14</i>	Phone: <i>575 345 5802</i>
Witness:	

'AUG 20 2014'

[Signature]