

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

HOBBS OOD

SEP 14 2015

BRADENHEAD TEST REPORT

Operator Name <i>Shackelford Oil</i>	REOL Number <i>30-025-30572-00-00</i>
Property Name <i>Lusk West Delaware Unit</i>	Well No. <i>003 103</i>

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	NO	SHUT-IN YES	NO	INJECTOR <i>(INJ)</i>	SWD	OIL PRODUCER OIL	GAS	DATE <i>8-3-15</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>0</i>	<i>100</i>
Flow Characteristics					
Puff	<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
					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>Clay Hucker</i>	<i>BS 9/25/15</i>
Printed name: <i>Clay Hucker</i>	OIL CONSERVATION DIVISION
Title: <i>Operations</i>	Entered into RBDMS
E-mail Address:	Re-test
Date:	
Phone:	
Witness: <i>Art L...</i>	