

HOBBS
SEP 14 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Shackelford Oil</u>	API Number <u>30-025-34131-00-00</u>
Property Name <u>Lusk West Delaware Unit</u>	Well No. <u>901</u>

Surface Location									
UL - Lot <u>A</u>	Section <u>29</u>	Township <u>19S</u>	Range <u>32E</u>		Feet from <u>330</u>	N/S Line <u>N</u>	Feet From <u>330</u>	E/W Line <u>E</u>	County <u>Lea</u>

Well Status									
TA'D WELL YES	<u>NO</u>	SHUT-IN YES	<u>NO</u>	INJECTOR <u>INT</u>	SWD	PRODUCER OIL	GAS	DATE <u>8-3-15</u>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>0</u>		<u>0</u>	<u>150</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>✓</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

Signature: <u>Clay Houston</u>	<u>B8 9/15/15</u> OIL CONSERVATION DIVISION
Printed name: <u>Clay Houston</u>	Entered into RBDMS
Title: <u>Operator</u>	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 28 2015