

**HOBBS OCD**

FEB 02 2016

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

**BRADENHEAD TEST REPORT**

RECEIVED	Operator Name <b>Breck Operating Corp.</b>	API Number <b>30-025-04070</b>
	Property Name <b>State A-26</b>	Well No. <b>001</b>

**7. Surface Location**

UL - Lot <b>M</b>	Section <b>26</b>	Township <b>19 S</b>	Range <b>36 E</b>	Feet from	N/S Line	Feet From	E/W Line	County <b>Lea</b>
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**Well Status**

TA'D WELL <input checked="" type="radio"/> YES	NO	SHUT-IN <input checked="" type="radio"/> YES	NO	INJ	INJECTOR SWD	PRODUCER <input checked="" type="radio"/> OIL	GAS	DATE <b>1/29/16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure		N/A	N/A	✓	✓
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR ___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / 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.

**- Failure - ON MIT.**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness:	<b>Carol Flowers</b>

FEB 04 2016

**In Ct.**