

HOBBS OCD

FEB 19 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy</i>	API Number <i>30025 30719</i>
Property Name <i>Shinnery 14 Fed</i>	Well No. <i>5</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>14</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <i>2-16-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>1151</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Injected for
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> 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.

Signature: <i>Lynn Smith</i>	OIL CONSERVATION DIVISION Entered into RBDMS <i>KH</i> Re-test
Printed name: <i>Lynn Smith</i>	
Title: <i>Asst. Foreman</i>	
E-mail Address: <i>lynn.smith@devn.com</i>	
Date: <i>2-16-16</i>	
Phone:	
Witness: <i>Krista Heady</i>	

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