

HOBBS OCD

FEB 19 2016

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

BRADENHEAD TEST REPORT

RECEIVED	Operator Name <i>Devon Energy</i>	API Number <i>30 025 34702</i>
	Property Name <i>South Shore Bar 15 State</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>14</i>	Section <i>15</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>800</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒ SWD	PRODUCER OIL ☒ GAS	DATE <i>2-17-16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>Ø</i>	<i>N/A</i>	<i>Ø</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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cyril Smith</i>	Entered into RBDMS <i>BS</i>
Title: <i>Asst Foreman</i>	Re-test
E-mail Address: <i>Cyril.Smith@dmr.com</i>	
Date: <i>2-17-16</i>	
Phone:	
Witness: <i>Kristal Hardy</i>	

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