

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

HOBBS OCD

OCT 25 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cross Timbers</i>	API Number <i>30-025-23878</i>
Property Name <i>N.M. & STATE</i>	Well No. <i>4</i>

7. Surface Location

UL - Lot <i>2</i>	Section <i>19</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>2180</i>	N/S Line <i>5</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>10/25/16</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>—</i>	<i>—</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Puff	Y / ☒ N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / ☒ N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / ☒ N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	☒ Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / ☒ N	Y / N	Y / N	Y / N	Injected for
Water	Y / ☒ N	Y / N	Y / N	Y / 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>Jose Casas</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jose Casas</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address: <i>JCasas@cfIELDSVCS.com</i>	
Date: <i>10-25-16</i>	
Phone:	
Witness: <i>Kerry Forth</i>	