

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

HOBBS OCD

NOV 30 2016

BRADENHEAD TEST REPORT

RECEIVED

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

7. Surface Location

UL - Lot <i>4</i>	Section <i>29</i>	Township <i>19S</i>	Range <i>32E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>E</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>11/29/16</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>—</i>	<i>Ø</i>	<i>900</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
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:	OIL CONSERVATION DIVISION
Printed name: <i>Hector Rodriguez</i>	Entered into RBDMS
Title:	Re-test <i>5/16</i>
E-mail Address:	
Date: <i>11/29/16</i>	
Phone:	
Witness: <i>[Signature]</i>	