

HOBBS OCD
DEC 15 2016
RECEIVED

District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Jay Management Company, LLC</i>	API Number <i>30-025-31381</i>
Property Name <i>State OG SWD</i>	Well No. <i>002</i>

% Surface Location								
UL - Lot <i>L</i>	Section <i>09</i>	Township <i>11S</i>	Range <i>33E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet from <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status					
TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	DATE <i>12/09/2016</i>	

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Csg	(E) Tubing
Pressure	<i>-0-</i>	<i>-0-</i>	<i>N/A</i>	<i>Puff</i>	<i>VAC</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i> WTR <i>✓</i> GAS <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Induced for Waterflood if applies.
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

D- Pressure to light to measure
E- 5" VAEUMN

Signature: <i>Quang N. Tran</i>	OIL CONSERVATION DIVISION
Printed name: <i>QUANG N. TRAN</i>	Entered into RBDMS
Title: <i>Production Analyst</i>	Re-test
E-mail Address: <i>qtran@jaymgt.com</i>	
Date: <i>12/09/2016</i>	
Phone: <i>713-621-6785</i>	
Witness:	

START

96 MIN

8 MIN

16 MIN

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

88 MIN

ANNUAL VIC TEST

STATE OF OHIO
TNS R33E
11-21-16

44(L)

ser# DCM-19
1000H

Start 560H
End 510H

32 min

Kerry Farmer - OED

Basic Services

HOBBS OED

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Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE 11-22-16
MCI P 0-1000-8-96MIN

START

END

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Company: JAY MANAGEMENT
Lease: OG
Date of Test: 11-22-16
Packer: make _____ model _____
Tubing Pressure: 0 min _____
Casing Pressure: 0 min _____
Surf Csg Pressure: 0 min _____
Well No: 2
depth _____
15 min _____
15 min _____
15 min _____
hr chart _____
30 min _____
30 min _____
30 min _____
hr clock _____
Service Company: BASIL EVERETT SERVICE
Driver/Supervisor: SHILAN DAVIS
Company Representatives: _____
RRC Required: Y N
Witnessed by RRC: Y N