

HOBBS OCD

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

BRADENHEAD TEST REPORT

Operator Name <i>Shinner</i>	API Number <i>30-025-02134</i>
Property Name <i>N. m. D St.</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>E</i>	Section <i>27</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>N</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 <i>NO</i>	INJECTOR INJ SWD	PRODUCER <i>OIL</i> GAS	DATE <i>1-12-17</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>17</i>	<i>17</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>	If applicable type
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	fluid injected for
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Waterflood

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

Signature: <i>Jack Jackson</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>1/12/2017</i>	
Phone:	
Witness: <i>[Signature]</i>	