

HOBBS OCD

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

APR 03 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name: <i>Fasken Oil</i>		API Number: <i>30-025-02690</i>
Property Name: <i>Cabot Q ST SWD</i>		Well No.: <i>#1</i>

Surface Location

UL - Lot <i>L</i>	Section <i>7</i>	Township <i>15s</i>	Range <i>35e</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>560</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ ☒ SWD	OIL PRODUCER GAS	DATE <i>3-30-17</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>—</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>320</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <i>—</i>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☒
Surges	Y / N	Y / N	Y / N	Y / N	GAS <i>—</i>
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>Neil Weeks</i>	OIL CONSERVATION DIVISION
Printed name: <i>Neil Weeks</i>	Entered into RBDMS
Title: <i>Production Foreman</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>neilw@Forl.com</i>	
Date: <i>3/30/17</i>	
Phone: <i>432-661-3136</i>	
Witness: <i>Mary Robinson</i>	