

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

HOBBS OCD

APR 26 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Paladin Energy Corp</i>	API Number <i>30-025-40335</i>
Property Name <i>East Caprock SWO</i>	Well No. <i>#5</i>

Surface Location									
UL - Lot <i>B</i>	Section <i>14</i>	Township <i>12s</i>	Range <i>32E</i>	Feet from <i>930</i>	N/S Line <i>N</i>	Feet from <i>2290</i>	E/W Line <i>E</i>	County <i>LEA</i>	

Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☐ INJ ☒ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>4-10-17</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>0</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<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>	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>	Water level 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>Ronnie Regue</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ronnie Regue</i>	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Harry Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM