

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

HOBBS OCD

MAY 09 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>SPECIAL ENERGY CORPORATION</b>		API Number <b>30-025-11942-0000</b>
Property Name <b>FARNSWORTH 4</b>		Well No. <b>007</b>

7. Surface Location

UL - Lot <b>F</b>	Section <b>4</b>	Township <b>26-S</b>	Range <b>37-E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>2310</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <b>5-9-17</b>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>—</b>	<b>0</b>	
Flow Characteristics					
Puff	Y / <b>0</b>	Y / <b>0</b>	Y / N	<b>0</b> / N	CO2 <b>190</b>
Steady Flow	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / <b>0</b>	WTR <b>—</b>
Surges	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / <b>0</b>	GAS <b>—</b>
Down to nothing	<b>0</b> / N	<b>0</b> / N	Y / N	<b>0</b> / <b>0</b>	If applicable type
Gas or Oil	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / <b>0</b>	fluid injected for
Water	Y / <b>0</b>	Y / <b>0</b>	Y / N	Y / <b>0</b>	Waterflood

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

Signature: <b>Sam Blevins</b>		OIL CONSERVATION DIVISION
Printed name: <b>SAM BLEVINS</b>		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <b>5-9-17</b>	Phone: <b>575-602-5512</b>	
Witness: <b>KERRY FORTNER-OCD 575-399-3221</b>		