

HOBBS OCD

MAY 12 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Special Energy</i>	API Number <i>30-025, 07145</i>
Property Name <i>Continental Wallace</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>2</i>	Section <i>6</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>5</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES	NO <i>(X)</i>	SHUT-IN YES	NO <i>(X)</i>	INJ	INJECTOR SWD <i>(X)</i>	OIL	PRODUCER GAS	DATE <i>5/9/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	CO2 <i>—</i>
Steady Flow	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	WTR <i>X</i>
Surges	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	GAS <i>—</i>
Down to nothing	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	Y / <i>N</i>	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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/9/17</i>	
Phone:	
Witness: <i>George Gave</i>	

INSTRUCTIONS ON BACK OF THIS FORM