

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

BRADENHEAD TEST REPORT

Operator Name <b>Blackbeard Operating</b>	* API Number <b>30-025-28273</b>
Property Name <b>State A A/C 2</b>	Well No. <b>064</b>

7. Surface Location

UL - Lot <b>A</b>	Section <b>8</b>	Township <b>22.5</b>	Range <b>36 E</b>	Feet from <b>1250</b>	N/S Line <b>N</b>	Feet From <b>1250</b>	E/W Line <b>E</b>	County <b>Lea</b>
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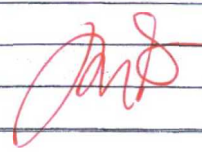
Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	SHUT-IN	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> INJ	INJECTOR	<input type="checkbox"/> SWD	<input type="checkbox"/> OIL	<input type="checkbox"/> PRODUCER	<input type="checkbox"/> GAS	DATE <b>5-31-17</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	0	✓	✓	0	0
Flow Characteristics					TA
Puff	Y/O	Y/N	Y/N	O/N	CO2 —
Steady Flow	Y/O	Y/N	Y/N	Y/O	WTR —
Surges	Y/O	Y/N	Y/N	Y/O	GAS —
Down to nothing	O/N	Y/N	Y/N	O/N	Type of Fluid
Gas or Oil	Y/O	Y/N	Y/N	Y/O	Injected for
Water	Y/O	Y/N	Y/N	Y/O	Water flood 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: <b>TRAVIS HUMES</b>	Entered into RBDMS
Title: <b>FOREMAN</b>	Re-test
E-mail Address: <b>THUMES@BLACKBEARDOPERATING.COM</b>	
Date: <b>5-31-17</b>	
Phone: <b>575 490 5506</b>	
Witness: <b>Kerry Fortner - OCD</b>	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM