

HOBBS OCD

JUL 17 2017 State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
REC
BRADENHEAD TEST REPORT

Operator Name <i>Burk Royalty Co</i>	API Number <i>30-025-02501</i>
Property Name <i>NEAL</i>	Well No. <i>003</i>

Surface Location

UL - Lot <i>A</i>	Section <i>35</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>933</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>7-11-17</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<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>	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.

Pump down low water

Signature: <i>Kirk Parker</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kirk Parker</i>	Entered into RBDMS
Title: <i>Field Superintendent</i>	Re-test
E-mail Address: <i>Kirk@burkroyalty.com</i>	
Date: <i>7-11-17</i>	
Phone: <i>940-704-6680</i>	
Witness: <i>Shay Rehman - OCD</i>	
<i>575-399-9220</i>	

INSTRUCTIONS ON BACK OF THIS FORM