

HOBBS OCD

JUL 20 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Remnant</i>		API Number <i>30-005-01031</i>	
Property Name <i>Druckey Diced</i>		Well No. <i>38</i>	

7. Surface Location

UL - Lot <i>N</i>	Section <i>10</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒	SWD ☐	OIL PRODUCER ☐	GAS ☐	DATE <i>7/12/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>n/a</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>600</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

Signature: <i>Arnie Baeza</i>		OIL CONSERVATION DIVISION	
Printed name: <i>ARNIE BAEZA</i>		Entered into RBDMS	
Title: <i>Base Operator</i>		Re-test	
E-mail Address:			
Date: <i>7-12-17</i>	Phone:	<i>[Signature]</i>	
	Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM