

HOBBS OCD

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

JUL 20 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Remnant</i>		API Number <i>30-005-01127</i>	
Property Name <i>Trickey Queen</i>		Well No. <i>53</i>	

7. Surface Location

UL - Lot <i>H</i>	Section <i>22</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>1660</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL <i>YES</i>	NO	SHUT-IN <i>YES</i>	NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>7/13/17</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>—</i>	<i>—</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 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>ARNIE BATER</i>		Entered into RBDMS	
Title: <i>Lease Operator</i>		Re-test <i>[Signature]</i>	
E-mail Address:			
Date: <i>7-13-17</i>	Phone: <i>[Signature]</i>		
	Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM