

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

HOBBS
JUL 20 2017
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Remnant</i>		API Number <i>30-005-00930</i>
Property Name <i>Rock Queen</i>		Well No. <i>85</i>

7. Surface Location

UL - Lot <i>D</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>550</i>	N/S Line <i>N</i>	Feet From <i>600</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>Ø</i>	<i>—</i>	<i>—</i>	<i>Ø</i>	<i>Ø</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.

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

INSTRUCTIONS ON BACK OF THIS FORM