

DBS 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>30-005-00936</i>
Property Name <i>Rock Queen</i>	Well No. <i>87</i>

7. Surface Location

UL - Lot <i>F</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>N</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 ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ 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>0</i>	<i>-</i>	<i>-</i>	<i>0</i>	<i>1100</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 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>Arnie Baeza</i>	OIL CONSERVATION DIVISION
Printed name: <i>ARNIE BAEZA</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test <i>2/5</i>
E-mail Address:	
Date: <i>7-12-17</i>	
Phone:	
Witness: <i>J. Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM