

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

HOBBS OCD
JUL 20 2017
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Demmitt</i>	API Number <i>30-005-00942</i>
Property Name <i>Rock Queen</i>	Well No. <i>95</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>990</i>	N/S Line <i>S</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 YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	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>4</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>500</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	<i>Y</i> / N	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>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>Arnie Baeza</i>	OIL CONSERVATION DIVISION
Printed name: <i>Arnie BAEZA</i>	Entered into RBDMS
Title: <i>Zone Operator</i>	Re-test <i>mf</i>
E-mail Address:	
Date: <i>7-12-17</i>	Witness: <i>J. Baeza</i>

INSTRUCTIONS ON BACK OF THIS FORM