

HOBBS OCD

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>LOG</i>		API Number <i>#30-025-36217</i>
Property Name <i>Red Hills North Unit</i>		Well No. <i>710 HW 110</i>

1. Surface Location

UL - Lot <i>G</i>	Section <i>7</i>	Township <i>25S</i>	Range <i>34E</i>	Feet from <i>1603</i>	N/S Line <i>N</i>	Feet From <i>1832</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>6-23-2017</i>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>?</i>	<i>?</i>	<i>?</i>	<i>?</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>James C. Baurlein II</i>	Entered into RBDMS <i>[Signature]</i>
Title: <i>Production Foreman Consultant</i>	Re-test
E-mail Address: <i>jamey-baurlein@enrresources.com</i>	
Date: <i>6-23-2017</i>	Phone: <i>325-277-7901</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM