

HOBBS OCD

JUL 27 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>ETC Field Services</i>	API Number <i>30-025-38822</i>
Property Name <i>JAL 3 AGI</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>E</i>	Section <i>33</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1550</i>	N/S Line <i>N</i>	Feet From <i>1000</i>	E/W Line <i>W</i>	County <i>LoA</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	OIL	PRODUCER GAS	DATE <i>7/27/17</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>290</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
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.

AGI Well

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>7/27/17</i>	Phone: <i>[Signature]</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

[Red Stamp]