

HOBBS OCD

AUG 10 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Rice Operating</i>	API Number <i>30-025-12801</i> ✓
Property Name <i>EME SWD</i>	Well No. <i>#9</i> ✓

Surface Location

UL - Lot <i>M</i>	Section <i>9</i>	Township <i>20S</i>	Range <i>37E</i>	Feet from <i>100</i>	N/S Line <i>S</i>	Feet From <i>250</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJECTOR	SWD	OIL	PRODUCER GAS	DATE <i>8-8-17</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>VAC</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.

Blew gas 2 min to zero

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Isabel Suarez</i>	Entered into RBDMS
Title: <i>Fore man</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>isuzarez@rice.swd.com</i>	
Date: <i>8-9-17</i>	
Phone: <i>[Signature]</i>	
Witness: <i>[Signature]</i>	

399-3220

INSTRUCTIONS ON BACK OF THIS FORM