

HOBBS OCD

AUG 28 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Saber Oil + Gas</i>	API Number <i>30-025-11214</i>
Property Name <i>Langlie MATTIX</i>	Well No. <i>#13</i>

Surface Location

UL - Lot <i>1 I</i>	Section <i>23</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>990</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>8-21-17</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>435</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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>SMZ</i>
E-mail Address:	
Date:	Phone: <i>599-3220</i>
Witness: <i>Ray Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM