

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

HOBBS OCD

AUG 30 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Armstrong Energy</i>		API Number <i>30-025-32105</i>
Property Name <i>Mobil Lea STATE</i>		Well No. <i>#003</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>2</i>	Township <i>20s</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>870</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	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>8-18-17</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>850</i>
Flow Characteristics					
Puff	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	CO2 ☐
Steady Flow	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	WTR ☒
Surges	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	GAS ☐
Down to nothing	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	
Water	<i>Y</i> ☒ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☐ <i>N</i>	<i>Y</i> ☒ <i>N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Prod. blew small amount of oil + water

Signature: <i>Rocky Ray</i>		OIL CONSERVATION DIVISION
Printed name: <i>Rocky Ray</i>		Entered into RBDMS
Title: <i>FIELD OPERATIONS MANAGER</i>		Re-test <i>gma</i>
E-mail Address:		
Date: <i>8-21-17</i>	Phone: <i>575 422-6371</i>	
Witness: <i>Sally Ralston</i>		

399-3220

INSTRUCTIONS ON BACK OF THIS FORM