

**HOBBS OCD**  
**SEP 05 2017**

**RECEIVED**

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

**BRADENHEAD TEST REPORT**

|                                               |                                   |
|-----------------------------------------------|-----------------------------------|
| Operator Name<br><b>Black beard Operating</b> | API Number<br><b>30-025-28516</b> |
| Property Name<br><b>State AA/C 1</b>          | Well No.<br><b>121</b>            |

**Surface Location**

|                      |                     |                        |                     |                        |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>0</b> | Section<br><b>3</b> | Township<br><b>23S</b> | Range<br><b>36E</b> | Feet from<br><b>25</b> | N/S Line<br><b>S</b> | Feet From<br><b>1460</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|---------------------|------------------------|---------------------|------------------------|----------------------|--------------------------|----------------------|----------------------|

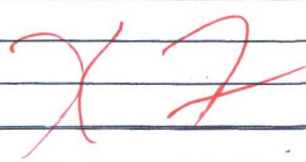
**Well Status**

|                                                                                  |                                                                                |                                                    |     |                                                                       |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|-----|-----------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br>IN <input checked="" type="checkbox"/> | SWD | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><b>5-31-17</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|-----|-----------------------------------------------------------------------|------------------------|

**OBSERVED DATA**

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                               |
|----------------------|--------------|--------------|--------------|--------------|-----------------------------------------|
| Pressure             | <b>0</b>     | <b>—</b>     | <b>—</b>     | <b>0</b>     | <b>500</b>                              |
| Flow Characteristics |              |              |              |              |                                         |
| Puff                 | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / N</b> | <b>0 / N</b> | CO2 <input type="checkbox"/>            |
| Steady Flow          | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | WTR <input checked="" type="checkbox"/> |
| Surges               | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | GAS <input type="checkbox"/>            |
| Down to nothing      | <b>0 / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>0 / N</b> | Type of Fluid                           |
| Gas or Oil           | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | Injected for                            |
| Water                | <b>Y / 0</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / 0</b> | 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: <b>CHRIS F. HALES</b>                                                            | Entered into RBDMS                                                                    |
| Title: <b>FOREMAN</b>                                                                          | Re-test                                                                               |
| E-mail Address: <b>CFHALES@BLACKBEARDOPERATING.COM</b>                                         |  |
| Date: <b>5-31-17</b>                                                                           |                                                                                       |
| Phone: <b>505 420 5500</b>                                                                     |                                                                                       |
| Witness: <b>Kerry Fortner - OCD</b>                                                            |                                                                                       |

**399-3221**

INSTRUCTIONS ON BACK OF THIS FORM