

HOBBS OCD

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

SEP 21 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>LLJ Ventanas</u>	API Number <u>30-025-28772</u>
Property Name <u>Rose</u>	Well No. <u>2</u>

7. Surface Location

UL - Lot <u>N</u>	Section <u>5</u>	Township <u>18S</u>	Range <u>34E</u>	Feet from <u>660</u>	N/S Line <u>S</u>	Feet From <u>2080</u>	E/W Line <u>W</u>	County <u>LCA</u>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☒ NO ☐	INJ ☐	PRODUCER OIL ☒ GAS ☐	DATE <u>9/21/17</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>φ</u>	<u>—</u>	<u>—</u>	<u>30</u>	<u>150</u>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <u>—</u>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>—</u>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <u>—</u>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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: <u>Chk wh</u>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBOMS
Title:	Re-test <u>[Signature]</u>
E-mail Address:	
Date: <u>9/21/17</u>	
Phone:	
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM