

HOBBS OCD

OCT 10 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>mesquite</i>	*API Number <i>30-025-22024</i>
Property Name <i>Cotton Draw</i>	Well No. <i>66</i>

1. Surface Location

UL - Lot <i>E</i>	Section <i>10</i>	Township <i>25S</i>	Range <i>30E</i>	Feet from <i>2080</i>	N/S Line <i>N</i>	Feet From <i>760</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 INJ ☒	PRODUCER OIL ☒	GAS ☐	DATE <i>10/10/17</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>0</i>	<i>✓</i>	<i>0</i>	<i>1400</i>
Flow Characteristics					<i>Gauge Broke</i>
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO ₂ ☐
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: <i>P. Leg</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>10/10/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM