

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

HOBBS OCD

OCT 16 2017

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>CM2</i>		API Number <i>30-025-34781</i>
Property Name <i>Hawkeye 30 ST</i>		Well No. <i>1</i>

1. Surface Location

UL - Lot <i>5</i>	Section <i>30</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>5</i>	Feet From <i>1970</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

YES ☒ TA'D WELL	NO ☒	YES ☐ SHUT-IN	NO ☒	INJ ☐ INJECTOR	SWD ☐	OIL ☐ PRODUCER	GAS ☒	DATE <i>10/11/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>50</i>	<i>90</i>
Flow Characteristics					
Pull	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N	Y/N	CO2 ☐
Steady Flow	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N	Y/N	WTR ☐
Surges	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N	Y/N	GAS ☐
Down to nothing	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N	Y/N	Injected for
Water	Y/N <i>Y</i>	Y/N <i>Y</i>	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: <i>Jordan Owens</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jordan Owens</i>	Entered into RBDMS
Title: <i>Engineer</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>owensj@cmlexp.com</i>	
Date: <i>10/11/17</i>	
Phone: <i>[Signature]</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM