

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

HOBBS OCD

OCT 16 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>NORD STRAND</i>	*API Number <i>30-025-24048</i>
Property Name <i>new mexico DK 65</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>F</i>	Section <i>18</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>1904</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>10/16/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>—</i>	<i>—</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR —
Surges	Y / N	Y / N	Y / N	Y / N	GAS —
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: <i>J. Brown</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>JB</i>
Date: <i>10/16/17</i>	
Phone:	
Witness: <i>J. Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM