

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

BRADENHEAD TEST REPORT

Operator Name ROVER OPERATING, LLC		API Number 30-025-23247-0000
Property Name PEARL MARR		Well No. 001

7. Surface Location

UL - Lot P	Section 33	Township 9-S	Range 37-E	Feet from 660	N/S Line S	Feet From 660	E/W Line E	County LEA
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 10-4-17
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	N/A	0	VAC
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	If applicable type
Gas or Oil	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	fluid injected for
Water	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Waterflood

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:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: KERRY FORTNER-OCD 575-399-3221		

Gary Rolerson
575-399-3220