

HOBBS LCD

OCT 19 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>murchison</i>	*API Number <i>30-025-41767</i>
Property Name <i>JACKSON unit</i>	Well No. <i>29 H</i>

1. Surface Location

UL - Lot <i>12</i>	Section <i>21</i>	Township <i>24S</i>	Range <i>33E</i>	Feet from <i>200</i>	N/S Line <i>5</i>	Feet From <i>1670</i>	E/W Line <i>6</i>	County <i>21A</i>
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Well Status

TA'D WELL ☒ YES	NO	SHUT-IN ☒ YES	NO	INJECTOR INJ	SWD	PRODUCER ☒ OIL	GAS	DATE <i>9/29/17</i> <i>10-5-17</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>N/A</i>	<i>0</i>	<i>NONE</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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>9/29/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM