

HOBBS 30

NOV 07 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Rockcliff Operating</i>				API Number <i>30-04-28968</i> ✓							
Property Name <i>Kicker SWD</i>				Well No. <i>#1</i> ✓							
Surface Location				Feet from		Feet from		E/W Line		County	
Section		Twp		Range		Feet from		Feet from		Feet from	
<i>P 17</i>		<i>8s</i>		<i>34E</i>		<i>270</i>		<i>5</i>		<i>235</i>	
Well Status				INJECTOR		PRODUCER		GAS		DATE	
YES		NO		YES		NO		YES		NO	
☒		☒		☒		☒		☒		<i>10-25-17</i>	

OBSERVED DATA

	(1) Surface	(2) Interch 1	(3) Interch 2	(4) Prod 1 string	(5) Lubing
Pressure	<i>0</i>	<i>300</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surge	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to Bottom	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for Workover if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Int csg. 300 blew water 3 min when needle valve to zero*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Harry Robinson</i>			

575-399-3220

INSTRUCTIONS ON BACK OF THIS FORM