

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

HOBBS OCD

NOV 13 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Rockcliff Operating</i>	API Number <i>30-025-03563</i>
Property Name <i>MERRELL</i>	Well No. <i>#1</i>

Surface Location

UL - Lot <i>H</i>	Section <i>10</i>	Township <i>9s</i>	Range <i>36E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>330</i>	E/W Line <i>E</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>10/19/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<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 ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood 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.

Well disconnected

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>JAMIE ROBINSON</i>	Entered into RBDMS
Title: <i>Sr. REG. ANALYST</i>	Re-test
E-mail Address: <i>JROBINSON@ROCKCLIFFENERGY.COM</i>	
Date: <i>11/13/17</i>	
Phone: <i>713-351-0539</i>	
Witness: <i>Jamie Robinson</i>	

575-399-3220

INSTRUCTIONS ON BACK OF THIS FORM