

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

HOBBS OCD

FEB 07 2013

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Special Energy</i>	API Number <i>30-025-09597</i>
Property Name <i>myers CSWID</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>C</i>	Section <i>22</i>	Township <i>24S</i>	Range <i>36E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</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>5/6/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>-2</i>
Flow Characteristics					<i>VAC</i>
Puff	Y / N	Y / N	Y / N	Y / N	CO2 <i>—</i>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <i>—</i>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <i>—</i>
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>Sam Bliss</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>5/6/18</i>	
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM