

HOBBS OCD

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

BRADENHEAD TEST REPORT

Operator Name <i>Forty Acres</i>	API Number <i>30-025-23536</i>
Property Name <i>Clower St</i>	Well No. <i>1</i>

Surface Location									
UL - Lot <i>I</i>	Section <i>20</i>	Township <i>22S</i>	Range <i>37E</i>		Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR INJ ☐	SWD ☐	PRODUCER OIL ☒	GAS ☐	DATE <i>4/16/18</i>			

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>✓</i>	<i>—</i>	<i>15</i>	<i>15</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
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Injected for
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	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: <i>Danny</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>gmb</i>
Date: <i>4/16/18</i>	
Phone:	
Witness: <i>Boone</i>	

INSTRUCTIONS ON BACK OF THIS FORM