

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

APR 20 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Remnant Oil</i>		API Number <i>30-005-00929</i>	
Property Name <i>Rock Queen</i>		Well No. <i># 97</i>	

Surface Location

UL - Lot <i>D</i>	Section <i>35</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</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>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>600</i>
Flow Characteristics					
Pull	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: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Gary Robinson</i>			

INSTRUCTIONS ON BACK OF THIS FORM