

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

APR 25 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Remnant Oil</i>					API Number <i>30-005-00977</i>				
Property Name <i>Drickey Queen</i>					Well No. <i>#18</i>				
1. Surface Location									
UL - Lot <i>D</i>	Section <i>3</i>	Township <i>14S</i>	Range <i>31E</i>		Feet from <i>665</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>4-24-18</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>0</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.

LOW WATER

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

INSTRUCTIONS ON BACK OF THIS FORM