

**HOBBS OCD**

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

**APR 25 2018**

**RECEIVED**

**BRADENHEAD TEST REPORT**

|                                                       |  |                                      |  |
|-------------------------------------------------------|--|--------------------------------------|--|
| Operator Name<br><b>MCGOWAN WORKING PARTNERS, INC</b> |  | API Number<br><b>300250 22220000</b> |  |
| Property Name<br><b>STATE 35 UNIT</b>                 |  | Well No.<br><b>021</b>               |  |

**2. Surface Location**

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>J</b> | Section<br><b>35</b> | Township<br><b>17S</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

**Well Status**

|                                                      |                                                    |                                                                            |                                                                            |                        |
|------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ <input type="radio"/> SWD <input checked="" type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br><b>3/27/18</b> |
|------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

**OBSERVED DATA**

|                      | (A) Surface | (B) Intern(1) | (C) Intern(2) | (D) Prod Csg | (E) Tubing    |
|----------------------|-------------|---------------|---------------|--------------|---------------|
| Pressure             | <b>0</b>    | <b>—</b>      | <b>—</b>      | <b>35</b>    | <b>35</b>     |
| Flow Characteristics |             |               |               |              |               |
| Puff                 | 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: <b>Jack Stevenson</b>    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>JACK STEVENSON</b> |                            | Entered into RBDMS        |  |
| Title: <b>PUMPER</b>                |                            | Re-test                   |  |
| E-mail Address:                     |                            |                           |  |
| Date: <b>3/27/18</b>                | Phone: <b>575-631-1083</b> |                           |  |
| Witness: <b>J. Dew</b>              |                            |                           |  |