

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

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HOBBS OCD

BRADENHEAD TEST REPORT

Operator Name <i>3 BEAN Field Services</i>	API Number <i>30-025-44288</i>
Property Name <i>Libby Beary Fee SWD</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>26</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>2510</i>	N/S Line <i>N</i>	Feet from <i>710</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

YES	TA/D WELL <i>NO</i>	SHUT-IN <i>YES</i>	NO	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER	GAS	DATE <i>6/8/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	ϕ
Flow Characteristics					<i>VAC</i>
Puff	<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.

Initial BHT

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Phelps White</i>	Entered into RBDMS
Title: <i>Consultant</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>Pwiv@zianet.com</i>	
Date: <i>6/8/18</i>	
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM