

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

BRADENHEAD TEST REPORT

Operator Name <i>Rice Operating</i>		API Number <i>30-025-06074</i>
Property Name <i>-EME SWD</i>		Well No. <i>#8</i>

Surface Location

UL Lot <i>G</i>	Section <i>8</i>	Township <i>20S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>6-27-18</i>
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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>VAC</i>
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 Injected for Waterflood if applies
Gas or Oil	Y ☒ N ☐	Y ☒ N ☐	Y / N	Y ☒ N ☐	
Water	Y ☒ N ☐	Y ☒ N ☐	Y / N	Y ☒ N ☐	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

RECEIVED
JUL 05 2018
HOBBS OCD

Signature: <i>Isabel Juarez</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Isabel Juarez</i>		Entered into RBDMS	
Title: <i>Foreman</i>		Re-test <i>[Signature]</i>	
E-mail Address:			
Date: <i>7-3-18</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM