

District 1  
1625 N. French Dr., Hobbs, NM 88240  
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HOBBS OCD

JUL 13 2018

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

BRADENHEAD TEST REPORT

|                                    |  |                                   |  |
|------------------------------------|--|-----------------------------------|--|
| Operator Name<br><u>momentum</u>   |  | API Number<br><u>30-025-28027</u> |  |
| Property Name<br><u>TEAS YATES</u> |  | Well No.<br><u>12</u>             |  |

Surface Location

|                      |                      |                        |                     |                          |                      |                        |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|------------------------|----------------------|----------------------|
| UL - Lot<br><u>E</u> | Section<br><u>18</u> | Township<br><u>20S</u> | Range<br><u>34E</u> | Feet from<br><u>1980</u> | N/S Line<br><u>N</u> | Feet From<br><u>10</u> | E/W Line<br><u>W</u> | County<br><u>Lea</u> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|------------------------|----------------------|----------------------|

Well Status

|                                                                                  |                                                                                |                                                     |     |     |          |     |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|-----|-----|----------|-----|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br><input checked="" type="checkbox"/> INJ | SWD | OIL | PRODUCER | GAS | DATE<br><u>6/28/18</u> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|-----|-----|----------|-----|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing     |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure             | <u>φ</u>   | <u>φ</u>     | <u>—</u>     | <u>φ</u>    | <u>75</u>     |
| Flow Characteristics |            |              |              |             |               |
| Puff                 | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | CO2 <u>—</u>  |
| Steady Flow          | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | WTR <u>—</u>  |
| Surges               | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | GAS <u>—</u>  |
| Down to nothing      | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | Type of Fluid |
| Gas or Oil           | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | Injected for  |
| Water                | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>  | 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: <u>John Smith</u>    |        | OIL CONSERVATION DIVISION  |  |
| Printed name: <u>John Smith</u> |        | Entered into RBDMS         |  |
| Title: <u>Pumper</u>            |        | Re-test <u>[Signature]</u> |  |
| E-mail Address:                 |        |                            |  |
| Date: <u>6-28-18</u>            | Phone: |                            |  |
| Witness: <u>[Signature]</u>     |        |                            |  |

INSTRUCTIONS ON BACK OF THIS FORM