

JUL 24 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 <i>Fulter Oil & Gas</i>	API Number <i>30-025-11690</i>
Property Name <i>Harrison Fed.</i>	Well No. <i>#2</i>

Surface Location

UL - Lot <i>I</i>	Section <i>22</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>990</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 ☒	INJ ☐	INJECTOR SWD ☒	OIL ☐	PRODUCER GAS ☐	DATE <i>7-24-18</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<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 Injected for Waterflood if applies.
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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

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

INSTRUCTIONS ON BACK OF THIS FORM