

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

HOBBS OCD
AUG 07 2018
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>MAMMOUTH</i>		API Number <i>30-025-01977</i>
Property Name <i>STATE</i>		Well No. <i>2</i>

7. Surface Location

UL Lot <i>H</i>	Section <i>7</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>LRA</i>
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Well Status

TA'D Well YES <i>/</i> NO <i>(X)</i>	SHUT-IN YES NO <i>(X)</i>	INJECTOR INJ SWD	PRODUCER OIL <i>(X)</i> GAS	DATE <i>7/25/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Puff	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	WTR
Surges	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N <i>(X)</i>	Y/N	Y/N	Y/N	Waterflood

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

Signature: <i>Greg Hech</i>		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>7/25/18</i>	Phone:	
Witness: <i>Bauer</i>		