

**HOBBS OCD**

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

AUG 20 2018

**RECEIVED**

**BRADENHEAD TEST REPORT**

|                                             |                            |
|---------------------------------------------|----------------------------|
| Operator Name<br>XTO Energy, Inc            | API Number<br>30-025-29881 |
| Property Name<br>Eunice Monument South Unit | Well No.<br>346            |

**7. Surface Location**

|          |               |                 |              |                  |                   |                  |                  |               |
|----------|---------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|
| Lot<br>P | Section<br>10 | Township<br>21S | Range<br>36E | Feet from<br>659 | N/S Line<br>South | Feet From<br>560 | E/W Line<br>East | County<br>Lea |
|----------|---------------|-----------------|--------------|------------------|-------------------|------------------|------------------|---------------|

**Well Status**

|                                                      |                                                    |                                                     |                                                     |                   |
|------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input checked="" type="checkbox"/> | PRODUCER<br>OIL <input checked="" type="checkbox"/> | DATE<br>7-13-2018 |
|------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------|

**OBSERVED DATA**

|                             | (A) Surface                             | (B) Interm(1)                           | (C) Interm(2)                           | (D) Prod Csg                            | (E) Tubing                                                |
|-----------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------------------------|
| Pressure                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | 75                                                        |
| <b>Flow Characteristics</b> |                                         |                                         |                                         |                                         |                                                           |
| Puff                        | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | CO2 <input type="checkbox"/>                              |
| Steady Flow                 | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | WTR <input checked="" type="checkbox"/>                   |
| Surges                      | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | GAS <input type="checkbox"/>                              |
| Down to nothing             | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil                  | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> |                                                           |
| Water                       | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> | Y/N <input checked="" type="checkbox"/> |                                                           |

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

|                               |                           |
|-------------------------------|---------------------------|
| Signature: <i>Alan Miller</i> | OIL CONSERVATION DIVISION |
| Printed name: ALAN MILLER     | Entered into RBDMS        |
| Title:                        | Re-test                   |
| E-mail Address:               |                           |
| Date: 7-13-2018               | Phone: 575-441-1641       |
| Witness:                      |                           |