

HOBBS OCD

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

AUG 22 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seely</i>	API Number <i>30-025-02350</i>
Property Name <i>EK Quail</i>	Well No. <i>67</i>

Surface Location

UL - Lot <i>E</i>	Section <i>19</i>	Township <i>18S</i>	Range <i>34</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>610</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <i>/</i> NO <i>/</i>	SHUT-IN YES NO <i>/</i>	INJ INJECTOR <i>/</i>	SWD	OIL PRODUCER GAS	DATE <i>8/1/18</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>/</i>	<i>/</i>	<i>0</i>	<i>2100</i>
Flow Characteristics					
Puff	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	CO2 <i>/</i>
Steady Flow	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	WTR <i>/</i>
Surges	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	GAS <i>/</i>
Down to nothing	<i>0 / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 / N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</i>	
Water	<i>Y / X</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / X</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>Mike Frayer</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/1/18</i>	
Phone:	
Witness: <i>Bow</i>	

INSTRUCTIONS ON BACK OF THIS FORM