

HOBBS OCD

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

AUG 22 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Seely</i>		API Number <i>30-025-37587</i>	
Property Name <i>BK Queen</i>		Well No. <i>619</i>	

Surface Location

UL - Lot <i>N</i>	Section <i>13</i>	Township <i>18S</i>	Range <i>33E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>LJA</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR ☒	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 Casing	(E)Tubing
Pressure	<i>0</i>	<i>-</i>	<i>-</i>	<i>0</i>	<i>2400</i>
Flow Characteristics					
Puff	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: <i>Mike Frasier</i>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		<i>MB</i>	
Date: <i>8/1/18</i>	Phone:		
Witness: <i>Bow</i>			

INSTRUCTIONS ON BACK OF THIS FORM