

HOBBS OCD

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

AUG 28 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Rover Operating</i>		API Number <i>30-025-24344</i>
Property Name <i>SF PRR</i>		Well No. <i>#15</i>

Surface Location

UL - Lot <i>B</i>	Section <i>34</i>	Township <i>9S</i>	Range <i>37E</i>	Feet from <i>800</i>	N/S Line <i>N</i>	Feet from <i>2121</i>	E/W Line <i>E</i>	County <i>LEA</i>
----------------------	----------------------	-----------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER GAS	DATE <i>8-16-18</i>
------------------	----	-----	---------------	-----	------------------------	-----	-----------------	------------------------

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 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for treatment 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.

Well disconnected.

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kirk Ferries</i>	Entered into RBDMS
Title: <i>Foreman</i>	Re-test: <i>[Signature]</i>
E-mail Address: <i>KFerries@roverpetroleum.com</i>	
Date: <i>8-16-18</i>	Phone: <i>575/513-3158</i>
Witness: <i>Dan Kolowski</i>	

INSTRUCTIONS ON BACK OF THIS FORM