

HOBBS OCD

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

AUG 28 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Rover Operators</i>		API Number <i>30-025-25341</i>
Property Name <i>SFPRR</i>		Well No. <i>#18</i>

Surface Location

UL - Lot <i>I</i>	Section <i>28</i>	Township <i>9S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet from <i>660</i>	E/W Line <i>15</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJ	INJECTOR SWD	OIL PRODUCER	GAS	DATE <i>8-16-18</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>400</i>
Flow Characteristics					
Puff	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>CO2</i>
Steady Flow	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>WTR</i>
Surges	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>GAS</i>
Down to nothing	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	Type of Fluid
Gas or Oil	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	Injected or
Water	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	Measured or

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

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kirk Faries</i>	Entered into RBDMS
Title: <i>Foreman</i>	Re-test
E-mail Address: <i>KFaries@overpetroleum.com</i>	
Date: <i>8-16-18</i>	Phone: <i>575-513-3158</i>
Witness: <i>Gary Holman</i>	

INSTRUCTIONS ON BACK OF THIS FORM