

HOBBS OCB
Aug 27 2018
RECEIVED

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

Operator Name <i>McDonald Operating</i>	API Number <i>30-025-10740</i>
Property Name <i>Cline Fed.</i>	Well No. <i>#4</i>

Surface Location									
UL - Lot <i>K</i>	Section <i>15</i>	Township <i>23S</i>	Range <i>37E</i>		Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>1653</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status						
TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJ ☐	INJECTOR ☒ SWD	PRODUCER ☐	GAS ☐	DATE <i>8-1-18</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(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 ☒
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 injected for waterflood 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.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>jm</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Gary Johnson</i>	

INSTRUCTIONS ON BACK OF THIS FORM