

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department SEP 04 2018
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Regeneration</i>		API Number <i>30-025-32093-</i>
Property Name <i>Silverson 31 Fed</i>		Well No. <i>1</i>

Surface Location

UL - Lot <i>m</i>	Section <i>31</i>	Township <i>22S</i>	Range <i>32E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet from <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJ. ☐ YES ☒ NO	PRODUCER ☒ OIL ☐ GAS	DATE <i>9/4/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>—</i>	<i>φ</i>	<i>600</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>9/4/18</i>	
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM