

HOBBS OCD

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

SEP 13 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>newbourne</i>		API Number <i>30-025-30570</i>
Property Name <i>Querecho Plains</i>		Well No. <i>3</i>

Surface Location

UL - Lot <i>5</i>	Section <i>14</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>8/16/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

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

Signature: <i>Aaron Massie</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Aaron Massie</i>		Entered into RBDMS	
Title: <i>Production Engineer</i>		Re-test <i>[Signature]</i>	
E-mail Address: <i>amassie@newbourne.com</i>			
Date: <i>8/16/18</i>	Phone: <i>575-263-4147</i>		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM