

HOBBS OCD

State of New Mexico

Energy, Minerals and Natural Resources Department

SEP 21 2018

Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

RECEIVED		Operator Name <i>ARMSTRONG</i>	API Number <i>30-025-36018</i>
		Property Name <i>Trinity Sunnys</i>	Well No. <i>13</i>

Surface Location

UL - Lot <i>H</i>	Section <i>22</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐	DATE <i>8/30/18</i>
--	--	--	---	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>0</i>	<i>920</i>
Flow Characteristics					
Puff	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: <i>Kyle Alpers</i>	Entered into RBDMS
Title: <i>VP Operations</i>	Re-test
E-mail Address: <i>Kalpers@decnm.com</i>	<i>[Signature]</i>
Date: <i>8/30/18</i>	
Phone: <i>575 625 2222</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM