

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

HOBBS OCD

OCT 09 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Shackelford O.I.</i>		API Number <i>30-025-30791</i> ✓	
Property Name <i>Lust West Delaware</i>		Well No. <i># 111</i> ✓	

1. Surface Location

UL - Lot <i>K</i>	Section <i>21</i>	Township <i>19S</i>	Range <i>32E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>LEA</i> ✓
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>10-9-18</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1300</i>
Flow Characteristics					
Pull	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	CO2 <i>—</i>
Steady Flow	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	WTR <i>—</i> ✓
Surges	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	GAS <i>—</i> ✓
Down to nothing	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	Type of Fluid
Gas or Oil	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>N</i>	Injected for
Water	<i>Y</i>	<i>N</i>	<i>Y</i>	<i>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:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Day Robinson</i>			

INSTRUCTIONS ON BACK OF THIS FORM