

HOBBS OCD

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

NOV 19 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Ridge Runner Resources</i>		API Number <i>30-025-03140</i> ✓	
Property Name <i>Hamon ST.</i>		Well No. <i>#1</i> ✓	

Surface Location

UL - Lot <i>K</i>	Section <i>27</i>	Township <i>18s</i>	Range <i>35E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>2310</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 ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☒ GAS ☐	DATE <i>11-26-18</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>N/A</i>	<i>45</i>	<i>45</i> ✓
Flow Characteristics					
Pull	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 Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / 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>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Gary Meren</i>		Entered into RBDMS	
Title:		Re-test <i>[Signature]</i>	
E-mail Address:			
Date:	Phone:		
Witness: <i>Gary Roberson</i>			

INSTRUCTIONS ON BACK OF THIS FORM