

HOBBS OCD

NOV 28 2018

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>LIJ Ventures</i>	API Number <i>30-025-28772</i>
Property Name <i>Rose</i>	Well No. <i>2</i>

Surface Location

UL - Lot <i>N</i>	Section <i>5</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>5</i>	Feet From <i>2080</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	INJECTOR SWD	☒ OIL	PRODUCER GAS	DATE <i>11/27/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>150</i>	<i>150</i>	<i>150</i>	<i>150</i>	<i>150</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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>RR</i>
E-mail Address:	
Date:	
Phone:	
Witness <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM