

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

DEC 11 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Trap Rock Operating</i>		API Number <i>30-025-33873</i> ✓	
Property Name <i>Jackson Unit</i>		Well No. <i>#5</i> ✓	

1. Surface Location

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>16</i>	<i>24S</i>	<i>33E</i>	<i>1980</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>LEA</i> ✓

Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR INJ	<i>SWD</i>	PRODUCER OIL	GAS	DATE <i>12-11-18</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>0</i>	<i>N/A</i>	<i>0</i>	<i>730</i>
Flow Characteristics					
Pull	<i>Y</i> <i>K</i>	<i>Y</i> <i>K</i>	<i>Y / N</i>	<i>Y</i> <i>K</i>	CO2 <i>✓</i>
Steady Flow	<i>Y</i> <i>K</i>	<i>Y</i> <i>K</i>	<i>Y / N</i>	<i>Y</i> <i>K</i>	WTR <i>✓</i>
Surges	<i>Y</i> <i>K</i>	<i>Y</i> <i>K</i>	<i>Y / N</i>	<i>Y</i> <i>K</i>	GAS <i>✓</i>
Down to nothing	<i>Y</i> <i>N</i>	<i>Y</i> <i>N</i>	<i>Y / N</i>	<i>Y</i> <i>N</i>	Type of fluid injected for water flow if applies
Gas or Oil	<i>Y</i> <i>K</i>	<i>Y</i> <i>K</i>	<i>Y / N</i>	<i>Y</i> <i>K</i>	
Water	<i>Y</i> <i>K</i>	<i>Y</i> <i>K</i>	<i>Y / N</i>	<i>Y</i> <i>K</i>	

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

Signature: <i>Gary Johnson</i>		OIL CONSERVATION DIVISION
Printed name: <i>Gary Johnson</i>		Entered into RBDMS
Title:		Re-test <i>JP</i>
E-mail Address:		
Date:	Phone:	
Witness: <i>Gary Johnson</i>		

INSTRUCTIONS ON BACK OF THIS FORM