

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

BRADENHEAD TEST REPORT

Operator Name: Shackelford Oil API Number: 30-025-30572
Property Name: Lusk West Delaware Well No.: 103

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<u>C</u>	<u>21</u>	<u>19S</u>	<u>32E</u>	<u>990</u>	<u>N</u>	<u>1650</u>	<u>W</u>	<u>LEA</u>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES ☐ NO ☒	NO ☐ YES ☒	NO ☐ INJ ☒	SWD ☐ OIL ☒ GAS ☐	<u>1-11-19</u>

OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>0</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 ☐
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR ☒
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS ☐
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

Post Workover

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <u>Steve Robinson</u>	

575-399-3220

INSTRUCTIONS ON BACK OF THIS FORM

