

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

HOBBS OCD

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Special Energy</i>	API Number <i>30-025-27621</i>
Property Name <i>NH King</i>	Well No. <i>4</i>

Surface Location									
UL - Lot <i>m</i>	Section <i>6</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>990</i>	N/S Line <i>5</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status									
TA'D WELL ☒ YES	☒ NO	SHUT-IN ☒ YES	☒ NO	INJ ☐	SWD ☐	OIL ☐	PRODUCER ☒ GAS	DATE <i>2/26/19</i>	

OBSERVED DATA

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

Compressor Running

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>2/26/19</i>	
Phone:	
Witness: <i>George Bowen</i>	

INSTRUCTIONS ON BACK OF THIS FORM