

HOBBS OCD

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

FEB 26 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Mammoth</i>		API Number <i>30-025-01972</i> ✓	
Property Name <i>STATE A7</i>		Well No. <i>#1</i> ✓	

Surface Location									
UL - Lot <i>P</i>	Section <i>6</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>LEA</i> ✓

Well Status								
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ	INJECTOR SWD	<i>OIL</i>	PRODUCER GAS	DATE <i>2-25-19</i> ✓

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>10</i>	<i>10</i> ✓
Flow Characteristics					
Puff	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 ☐
Steady Flow	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR ☐
Surges	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS ☐
Down to nothing	<i>0 N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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

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

INSTRUCTIONS ON BACK OF THIS FORM