

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>30-025-01982</i>
Property Name <i>LEA A ST.</i>		Well No. <i>#3</i>

Surface Location									
UL - Lot <i>D</i>	Section <i>8</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LEA</i>

Well Status						DATE		
TA'D WELL YES	☐ NO	☒ YES	SHUT-IN NO	INJ	INJECTOR SWD	PRODUCER ☒ OIL	GAS	<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 Field
Gas or Oil	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Injected for
Water	<i>Y / 0</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.

Spin?

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

INSTRUCTIONS ON BACK OF THIS FORM