

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>30-025-12502</i> ✓	
Property Name <i>NORA BERRY</i>		Well No. <i>#6</i> ✓	

Surface Location

UL - Lot <i>P</i>	Section <i>31</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>408</i>	E/W Line <i>E</i>	County <i>LEA</i> ✓
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Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>20</i>	<i>20</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 fire
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Water level if applies

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

Sigh reads Operator

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

INSTRUCTIONS ON BACK OF THIS FORM