

HOBBS OCD

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

MAY 01 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>BLACK BEARD OPERATING</i>		API Number <i>36 025-28515</i>	
Property Name <i>STATE A</i>		Well No. <i>120</i>	

2. Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County LEA
	<i>10</i>	<i>23S</i>	<i>36E</i>						

Well Status					DATE
TA'D Well ☒ YES ☒ NO	SHUT-IN ☒ YES ☒ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS		<i>4-29-19</i>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	<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>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

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

None

Letter 5-1-19

Signature:		OIL CONSERVATION DIVISION	
Printed name: CHRIS FLORES		Entered into RBDMS	
Title: PRODUCTION FOREMAN		Re-test	
E-mail Address: CFLORES@BLACKBEARDOPERATING.CO			
Date: <i>4-29-19</i>	Phone: 575-420-5506		
Witness: <i>Chris Flores</i>			