

**HOBBS OCD**  
 District Office  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone: (575) 393-6161 Fax: (575) 393-6162  
**MAY 24 2019**

**RECEIVED**

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

**BRADENHEAD TEST REPORT**

|                                                  |  |                                   |  |
|--------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><b>Paga Oil + Gas Operating</b> |  | API Number<br><b>30-025-11633</b> |  |
| Property Name<br><b>Langle Jal Unit</b>          |  | Well No.<br><b>93</b>             |  |

| Surface Location    |                      |                        |                     |  |                         |                      |                         |                      |                      |
|---------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL- Lot<br><b>P</b> | Section<br><b>17</b> | Township<br><b>25S</b> | Range<br><b>37E</b> |  | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet from<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |

| Well Status                                                                |                                                                          |                                              |     |                                                                 |                          |  |  |  |  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----|-----------------------------------------------------------------|--------------------------|--|--|--|--|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO <input type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> NO <input type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | SWD | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><b>5-17-2019</b> |  |  |  |  |

**OBSERVED DATA**

|                      | (A) Surface | (B) Intermediate | (C) Intermediate | (D) Prod Cms | (E) Tubing                                                                                              |
|----------------------|-------------|------------------|------------------|--------------|---------------------------------------------------------------------------------------------------------|
| Pressure             | <b>0</b>    |                  |                  | <b>0</b>     | <b>610</b>                                                                                              |
| Flow Characteristics |             |                  |                  |              |                                                                                                         |
| Puff                 | Y/N         | Y/N              | Y/N              | Y/N          | CO2 <input type="checkbox"/><br>WTR <input checked="" type="checkbox"/><br>GAS <input type="checkbox"/> |
| Steady Flow          | Y/N         | Y/N              | Y/N              | Y/N          | Type of Fluid<br>Indicate if<br>Water level is<br>applicable                                            |
| Surges               | Y/N         | Y/N              | Y/N              | Y/N          |                                                                                                         |
| Down to nothing      | <b>0</b> /N | Y/N              | Y/N              | <b>0</b> /N  |                                                                                                         |
| Gas or Oil           | Y/N         | Y/N              | Y/N              | Y/N          |                                                                                                         |
| Water                | Y/N         | Y/N              | Y/N              | Y/N          |                                                                                                         |

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

|                                                 |                            |                              |  |
|-------------------------------------------------|----------------------------|------------------------------|--|
| Signature: <b>Dillon Salas</b>                  |                            | OIL CONSERVATION DIVISION    |  |
| Printed name: Dillon Salas                      |                            | Entered into RBDMS <b>DR</b> |  |
| Title: Production Engineer                      |                            | Re-test                      |  |
| E-mail Address: <b>apollo.salas44@gmail.com</b> |                            |                              |  |
| Date: <b>5-23-2019</b>                          | Phone: <b>575-492-1236</b> |                              |  |
| Witness:                                        |                            |                              |  |

INSTRUCTIONS ON BACK OF THIS FORM