

District I

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-4020**HOBBS OCD**

State of New Mexico

JUL 11 2019 Energy, Minerals and Natural Resources Department

Oil Conservation Division Hobbs District Office

**RECEIVED****BRADENHEAD TEST REPORT**

|                                                         |  |                                   |  |
|---------------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Apache Oil Corp.</i>                |  | API Number<br><i>30-025-06512</i> |  |
| Property Name<br><i>North East Drinkard Unit (NEDU)</i> |  | Well No.<br><i>303</i>            |  |

## 2. Surface Location

|                       |                     |                        |                     |                          |                      |                          |                      |                      |
|-----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UT. - Lot<br><i>K</i> | Section<br><i>3</i> | Township<br><i>21S</i> | Range<br><i>37E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>S</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|-----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                  |                                     |                |                                     |                                      |                 |                 |     |                       |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | INJECTOR<br>SWD | OIL<br>PRODUCER | GAS | DATE<br><i>4-1-19</i> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----------------|-----------------|-----|-----------------------|

OBSERVED DATA

|                      | (A) Surface  | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing    |
|----------------------|--------------|---------------|---------------|--------------|---------------|
| Pressure             | <i>Ø</i>     | <i>—</i>      | <i>—</i>      | <i>Ø</i>     | <i>1200</i>   |
| Flow Characteristics |              |               |               |              |               |
| Puff                 | <i>Y / N</i> | <i>Y / N</i>  | <i>Y / N</i>  | <i>Y / N</i> | CO2 <i>—</i>  |
| Steady Flow          | <i>Y / N</i> | <i>Y / N</i>  | <i>Y / N</i>  | <i>Y / N</i> | WTR <i>✓</i>  |
| Surges               | <i>Y / N</i> | <i>Y / N</i>  | <i>Y / N</i>  | <i>Y / N</i> | GAS <i>—</i>  |
| 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 for  |
| Water                | <i>Y / N</i> | <i>Y / N</i>  | <i>Y / N</i>  | <i>Y / N</i> | Water flow if |
|                      |              |               |               |              | applies       |

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

|                                 |                            |                           |  |
|---------------------------------|----------------------------|---------------------------|--|
| Signature: <i>Tracy Cole</i>    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <i>Tracy Cole</i> |                            | Entered into RBDMS        |  |
| Title:                          |                            | Re-test                   |  |
| E-mail Address:                 |                            | <i>27</i>                 |  |
| Date: <i>4-1-19</i>             | Phone: <i>575-441-5196</i> |                           |  |
| Witness:                        |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM