

HOBBS OCD

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

JUL 24 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Apprite CORP</i>	API Number <i>30025292190000</i>
Property Name <i>J. L. MUNCY</i>	Well No. <i>7</i>

2. Surface Location

UT. - Lot <i>9</i>	Section <i>24</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>2086</i>	☒ Line	Feet from <i>1874</i>	☒ Line	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ	INJECTOR SWD	☒ OIL PRODUCER	GAS	DATE <i>7/2/19</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>—</i>	<i>—</i>	<i>35</i>	<i>100</i>
Flow Characteristics					
Pull	<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 Indicated for Water Bond if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Chad Pierson</i>	OIL CONSERVATION DIVISION
Printed name: <i>CHAD PIERSON</i>	Entered into RBDMS
Title:	Re-test <i>XJ</i>
E-mail Address:	
Date:	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM