

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

**HOBBS OCD**

**JUL 24 2019**

**BRADENHEAD TEST REPORT**

|                                      |  |                              |
|--------------------------------------|--|------------------------------|
| Operator Name<br><b>APACHE CORP</b>  |  | RECEIVED<br>3002510393 94 17 |
| Property Name<br><b>EUGENE WOODS</b> |  |                              |
|                                      |  | Well No.<br><b>9</b>         |

**1. Surface Location**

|                       |                      |                        |                     |                          |                      |                          |                      |                      |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UT. - Lot<br><b>G</b> | Section<br><b>22</b> | Township<br><b>22S</b> | Range<br><b>37E</b> | Feet from<br><b>1909</b> | Dis Line<br><b>6</b> | Feet from<br><b>1909</b> | Dis Line<br><b>6</b> | County<br><b>LEA</b> |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

**Well Status**

|                                                                            |                                                                          |                           |                                       |                                                                            |                       |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------|---------------------------------------|----------------------------------------------------------------------------|-----------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ <input type="radio"/> | INJECTOR<br>SWD <input type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br><b>7/8/19</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------|---------------------------------------|----------------------------------------------------------------------------|-----------------------|

**OBSERVED DATA**

|                             | (A)Surface                           | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                    |
|-----------------------------|--------------------------------------|--------------|--------------|----------------|------------------------------|
| Pressure                    | <b>0</b>                             | <b>—</b>     | <b>—</b>     | <b>45</b>      | <b>110</b>                   |
| <b>Flow Characteristics</b> |                                      |              |              |                |                              |
| Pull                        | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | CO2 <input type="checkbox"/> |
| Steady Flow                 | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | WTR <input type="checkbox"/> |
| Surges                      | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | GAS <input type="checkbox"/> |
| Down to nothing             | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | Type of Fluid                |
| Gas or Oil                  | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | Injected for                 |
| Water                       | Y/N <input checked="" type="radio"/> | Y/N          | Y/N          | Y/N            | Waterflood 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: <b>Chad Pierson</b>    |        | OIL CONSERVATION DIVISION |
| Printed name: <b>CHAD PIERSON</b> |        | Entered into RBDMS        |
| Title:                            |        | Re-test                   |
| E-mail Address:                   |        | <b>27</b>                 |
| Date:                             | Phone: |                           |
| Witness:                          |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM