

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

**HOBBS OCD**

**BRADENHEAD TEST REPORT**

**AUG 02 2019**

**RECEIVED**

|                                         |  |                            |
|-----------------------------------------|--|----------------------------|
| Operator Name<br>Cameron Oil & Gas      |  | API Number<br>30-025-24615 |
| Property Name<br><del>Fluor</del> Fluor |  | Well No.<br>3              |

1. Surface Location

|                |               |                 |              |  |                   |               |                   |               |               |
|----------------|---------------|-----------------|--------------|--|-------------------|---------------|-------------------|---------------|---------------|
| UL - Lot<br>#K | Section<br>35 | Township<br>22S | Range<br>37E |  | Feet from<br>2310 | N/S Line<br>S | Feet From<br>1650 | E/W Line<br>W | County<br>Lea |
|----------------|---------------|-----------------|--------------|--|-------------------|---------------|-------------------|---------------|---------------|

Well Status

|     |                                                  |     |                                                |     |          |     |     |          |     |                    |
|-----|--------------------------------------------------|-----|------------------------------------------------|-----|----------|-----|-----|----------|-----|--------------------|
| YES | TA'D WELL<br><input checked="" type="radio"/> NO | YES | SHUT-IN<br><input checked="" type="radio"/> NO | INJ | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE<br>07/29/2019 |
|-----|--------------------------------------------------|-----|------------------------------------------------|-----|----------|-----|-----|----------|-----|--------------------|

OBSERVED DATA

|                      | (A)Surface                             | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                                                 |
|----------------------|----------------------------------------|--------------|--------------|----------------|-----------------------------------------------------------|
| Pressure             | 0                                      | N/A          | N/A          | 20             | 100                                                       |
| Flow Characteristics |                                        |              |              |                |                                                           |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N          | CO2                                                       |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N          | WTR                                                       |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N          | GAS                                                       |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N        | Y / N        | Y / N          | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N          |                                                           |
| Water                | Y / <input checked="" type="radio"/> 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]*

|                                     |        |                           |  |
|-------------------------------------|--------|---------------------------|--|
| Signature: <i>[Signature]</i>       |        | OIL CONSERVATION DIVISION |  |
| Printed name: <i>Jessie Pilcher</i> |        | Entered into RBDMS        |  |
| Title: <i>Field Rep</i>             |        | Re-test                   |  |
| E-mail Address:                     |        |                           |  |
| Date: <i>7/29/19</i>                | Phone: |                           |  |
| Witness: <i>[Signature]</i>         |        |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM