

Disdel  
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HOBBS OCD

AUG 14 2019

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

RECEIVED

BRADENHEAD TEST REPORT

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Operator Name<br><b>FASKEN O.I. + Ranch</b> | API Number<br><b>30-025-05306</b> |
| Property Name<br><b>Denton SWD</b>          | Well No.<br><b>#3</b>             |

Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>M</b> | Section<br><b>12</b> | Township<br><b>15S</b> | Range<br><b>37E</b> | Feet from<br><b>330</b> | N/S Line<br><b>S</b> | Feet From<br><b>330</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                  |                                                                          |               |     |                                                  |     |                 |                        |
|------------------|--------------------------------------------------------------------------|---------------|-----|--------------------------------------------------|-----|-----------------|------------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO <input checked="" type="radio"/> YES | SHUT-IN<br>NO | INJ | INJECTOR<br><input checked="" type="radio"/> SWD | OIL | PRODUCER<br>GAS | DATE<br><b>7-12-19</b> |
|------------------|--------------------------------------------------------------------------|---------------|-----|--------------------------------------------------|-----|-----------------|------------------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interim (1) | (C) Interim (2) | (D) Prod Casing | (E) Tubing                                       |
|----------------------|-------------|-----------------|-----------------|-----------------|--------------------------------------------------|
| Pressure             | <b>0</b>    | <b>0</b>        | <b>N/A</b>      | <b>0</b>        | <b>0</b>                                         |
| Flow Characteristics |             |                 |                 |                 |                                                  |
| Pull                 | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      | CO2 <input type="checkbox"/>                     |
| Steady Flow          | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      | WTR <input checked="" type="checkbox"/>          |
| Surges               | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      | GAS <input type="checkbox"/>                     |
| Down to nothing      | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      | Type of fluid injected for waterflood if applies |
| Gas or Oil           | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      |                                                  |
| Water                | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>      |                                                  |

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

**PWC**

|                                |                              |
|--------------------------------|------------------------------|
| Signature:                     | OIL CONSERVATION DIVISION    |
| Printed name:                  | Entered into RBDMS <b>YK</b> |
| Title:                         | Re-test                      |
| E-mail Address:                |                              |
| Date:                          | Phone:                       |
| Witness: <b>Larry Robinson</b> |                              |

INSTRUCTIONS ON BACK OF THIS FORM

