

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD  
AUG 19 2019  
RECEIVED

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

BRADENHEAD TEST REPORT

|                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| Operator Name<br><u>Apache Oil Corp.</u>                    | API Number<br><u>30-025-26967</u> |
| Property Name<br><u>West Blinberry Drinkard Unit (WBDU)</u> | Well No.<br><u>26</u>             |

Surface Location

|                      |                     |                        |                     |                         |                      |                         |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><u>A</u> | Section<br><u>8</u> | Township<br><u>21S</u> | Range<br><u>37E</u> | Feet from<br><u>990</u> | N/S Line<br><u>N</u> | Feet From<br><u>660</u> | E/W Line<br><u>E</u> | County<br><u>Lea</u> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                  |     |                     |                        |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|---------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL PRODUCER<br>GAS | DATE<br><u>7-22-19</u> |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|---------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                               |
|----------------------|------------|--------------|--------------|----------------|-----------------------------------------|
| Pressure             | <u>Ø</u>   |              |              | <u>Ø</u>       | <u>859</u>                              |
| Flow Characteristics |            |              |              |                |                                         |
| Puff                 | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | CO2 <u>—</u>                            |
| Steady Flow          | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | WTR <input checked="" type="checkbox"/> |
| Surges               | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | GAS <u>—</u>                            |
| Down to nothing      | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | Type of Fluid                           |
| Gas or Oil           | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | Injected for                            |
| Water                | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>     | 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.

packard Fluid

|                                 |                            |
|---------------------------------|----------------------------|
| Signature: <u>Tracy Cole</u>    | OIL CONSERVATION DIVISION  |
| Printed name: <u>Tracy Cole</u> | Entered into RBDMS         |
| Title:                          | Re-test <u>X</u>           |
| E-mail Address:                 |                            |
| Date: <u>7-22-19</u>            | Phone: <u>575-441-5196</u> |
| Witness:                        |                            |

INSTRUCTIONS ON BACK OF THIS FORM