

HOBBS OCD

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Oil Corp.</i>		API Number <i>30-025-43528</i>	
Property Name <i>West Blinney Drinkard Unit (WBDU)</i>		Well No. <i>179</i>	

1. Surface Location

UT - Lot <i>0</i>	Section <i>16</i>	Township <i>21 S</i>	Range <i>37 E</i>	Feet from <i>770</i>	N/S Line <i>S</i>	Feet from <i>1740</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	☒ INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>8-3-19</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>0</i>	<i>120</i>
Flow Characteristics					
Pull	☒ Y ☐ N	Y / N	Y / N	☒ Y ☐ N	CO2 ☐
Steady Flow	Y / ☒ N	Y / N	Y / N	Y / ☒ N	WTR ☒
Surges	Y / ☒ N	Y / N	Y / N	Y / ☒ N	GAS ☐
Down to nothing	☒ Y ☐ N	Y / N	Y / N	☒ Y ☐ N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / ☒ N	Y / N	Y / N	Y / ☒ N	
Water	Y / ☒ 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: <i>Tracy Cole</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Tracy Cole</i>		Entered into RBDMS	
Title:		Re-test <i>X</i>	
E-mail Address:			
Date: <i>8-3-19</i>	Phone: <i>575-441-5196</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM