

## District I

1625 N. French Dr., Hobbs, NM 88241  
Phone: (575) 393-6161 Fax: (575) 393-6162**HOBBS OCD**

State of New Mexico

Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office**RECEIVED BRADENHEAD TEST REPORT**

|                                               |  |                                         |  |
|-----------------------------------------------|--|-----------------------------------------|--|
| Operator Name<br><b>PREMIER OIL &amp; GAS</b> |  | API Number<br><b>30-025-02064-00-00</b> |  |
| Property Name<br><b>STATE H 22</b>            |  | Well No.<br><b>001</b>                  |  |

## 1. Surface Location

|                      |                      |                         |                      |                         |                      |                          |                      |                      |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>O</b> | Section<br><b>22</b> | Township<br><b>17-S</b> | Range<br><b>34-E</b> | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet From<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                         |                       |                        |                        |                        |
|-------------------------|-----------------------|------------------------|------------------------|------------------------|
| TA'D Well<br><b>YES</b> | SHUT-IN<br><b>YES</b> | INJECTOR<br><b>INJ</b> | PRODUCER<br><b>OIL</b> | DATE<br><b>8/12/19</b> |
|-------------------------|-----------------------|------------------------|------------------------|------------------------|

**OBSERVED DATA**

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg   | (E)Tubing          |
|----------------------|----------------|--------------|--------------|---------------|--------------------|
| Pressure             | <b>0</b>       | <b>0</b>     | <b>0</b>     | <b>10 1/2</b> | <b>10 1/2</b>      |
| Flow Characteristics |                |              |              |               |                    |
| Pull                 | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | CO2 _____          |
| Steady Flow          | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | WTR _____          |
| Surges               | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | GAS _____          |
| Down to nothing      | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | If applicable type |
| Gas or Oil           | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | fluid injected for |
| Water                | <b>Y/N</b>     | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>    | Waterflood         |

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

|                                   |          |                            |  |
|-----------------------------------|----------|----------------------------|--|
| Signature: <i>Mark C. Hope</i>    |          | OIL CONSERVATION DIVISION  |  |
| Printed name: <i>Mark C. Hope</i> |          | Entered into RBDMS         |  |
| Title: <i>Manager</i>             |          | Re-test <i>[Signature]</i> |  |
| E-mail Address:                   |          |                            |  |
| Date: <b>8/12/19</b>              | Phone:   |                            |  |
|                                   | Witness: |                            |  |