

HOBBS OCD

AUG 26 2019

RECEIVED

District 1
1025 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

30-025-24771

Operator Name Kaiser Francis Oil Company		API Number 8/20/19	
Property Name North Bell Lake SWD		Well No. 4-15	
Surface Location			

UL - Lot K	Section 8	Township 23	Range 24	Feet from 1980	N/S Line S	Feet from 1980	E/W Line W	County Lea
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Well Status		SHUT-IN		PRODUCER		DATE	
YES	NO	YES	NO	YES	NO	YES	NO
						8/20/19	

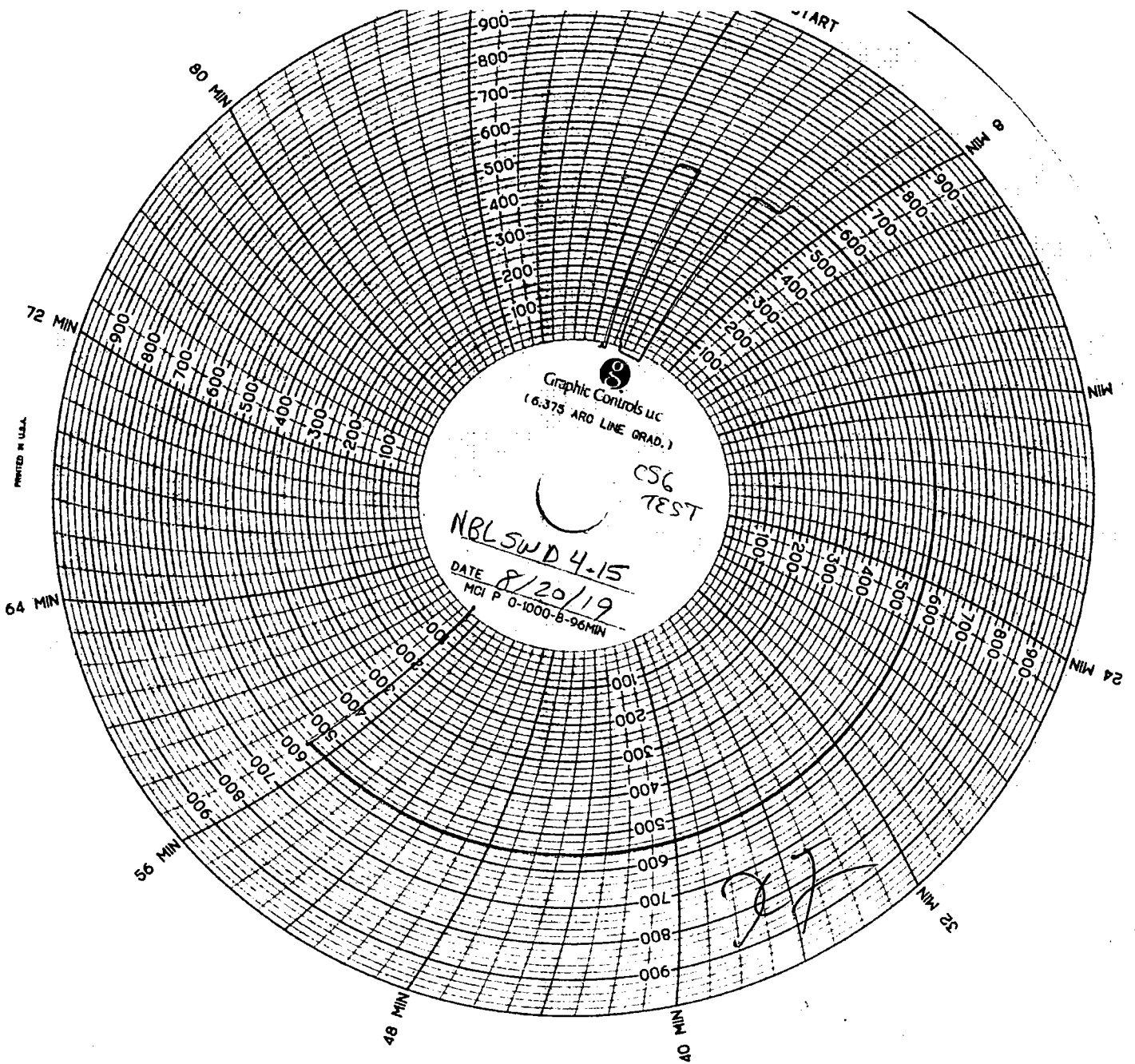
OBSERVED DATA

	(A) Surface	(B) Intermit 1	(C) Intermit 2	(D) Prod Case	(E) Tubing
Pressure	0 #	0 #		0 #	815 #
Flow Characteristics					
Puff	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
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Waterflood if
Water	Y/N	Y/N	Y/N	Y/N	applies

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

MIT Test, CS6 0#, MI BASIC, load using w/ 1000. Press up 520 Release to zero. Pressure back up to 560#, Hold it for 48 minutes on a 1,000# Test recorder 96 minutes chart tested on 8/20/19 By BASIC Supervisor MR Jimmy. -

Signature:	OIL CONSERVATION DIVISION
Printed name: RAMON RODRIGUEZ	Entered into RDBMS
Title: FIELD FOREMAN	Re-test
E-mail Address: ramon.rod@state.nm.gov	



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HOBBS CO.

EL

Company <u>KAISER FRANCIS OIL COMPANY</u>			
Lease: <u>NBL SWD 4-15</u>		Well No: <u>4-15</u>	
Date of Test: <u>8/20/19</u>			
Packer: make _____		model _____ depth _____	
Tubing Pressure: 0 min _____		15 min _____ 30 min _____	
Casing Pressure: 0 min _____		15 min _____ 30 min <u>560#</u>	
Surf Csg Pressure: 0 min _____		15 min _____ 30 min _____	
to spring <u>1000#</u>		hr chart <u>96M.</u> hr clock _____	
Service Company: <u>BASIC ENERGY SERVICES</u>			
Driver/Supervisor: <u>[Signature]</u>			
Company Representatives: <u>[Signature]</u>			
RRC Required: Y N		Witnessed by RRC: Y N	

HOBE

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D.C. Meter Service

PO Box 869 Plains Hwy.
Denver City, TX 79323
806-592-2106
806-592-2107 fax

RECEIVED

To: BASIC Date: 8.20.19

This is to certify that:

I SETH GRIMES, meter technician for D.C. Meter

Service, have checked the calibration on the following instrument:

8" 1000 PSI Chart Recorder

Serial Number: DCM #99 at the following points:

0 - 25%

0 - 50%

0 - 75%

0 - 100%

SG
↑
↓
1000

HOBE

AUG 2

REC

Signed: Seth Grimes

Remarks: