

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

BRADENHEAD TEST REPORT

Operator Name Flint Oak Energy		API Number 30-025-01429
Property Name SHARARA ST.		Well No. #2

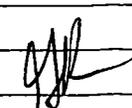
Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
D	16	17S	33E		660	N	660	W	LEA

Well Status							DATE
TA'D WELL	YES	SHUT-IN	YES	INJECTOR	SWD	PRODUCER	
	<input checked="" type="radio"/> NO		<input checked="" type="radio"/> NO	<input checked="" type="radio"/> INJ			8-30-19

OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	1600
Flow Characteristics					
Pull	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	WTR ___
Surges	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	GAS ___
Down to nothing	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Type of Fluid Injected for Water flow if applies
Gas or Oil	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	
Water	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	

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

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date:	
Phone:	
Witness: <i>Greg Rolinson</i>	

PERFORMING BRADENHEAD TEST

General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- | | |
|------------------------|-----------|
| • Blow or Puff | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow | Yes or No |
| • Oil or Gas | Yes or No |
| • Water | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.
