

HOBBS OCD

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

AUG 28 2019

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <u>Momentum Operating</u>	API Number <u>30-025-01720</u>
Property Name <u>Teas Kates</u>	Well No. <u>2-1</u>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet from	E/W Line	County
	<u>13</u>	<u>20 S</u>	<u>39 E</u>		<u>1980</u>		<u>980</u>		<u>LEA</u>

Well Status									
TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	PRODUCER	GAS
		<u>NO</u>			<u>NO</u>	<u>INJ</u>			
									DATE <u>8-28-19</u>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<u>0</u>			<u>0</u>	<u>200</u>
Flow Characteristics					
Pull	<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 <u>X</u>
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>	Waterhead if
					applies

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

Signature: <u>John Smith</u>	OIL CONSERVATION DIVISION
Printed name: <u>John Smith</u>	Entered into RBDMS
Title: <u>Pumper</u>	Re-test
E-mail Address:	
Date: <u>8-28-19</u>	Phone: <u>575-390-2051</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM