

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

HOBBS OCD.

SEP 09 2019

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corporation</i>		# RECEIVED <i>30-025-33659</i>
Property Name <i>Silver Strand State</i>		
Well No. <i>1</i>		

1. Surface Location

UL - Lot <i>C</i>	Section <i>2</i>	Township <i>17S</i>	Range <i>34-E</i>	Feet from <i>660'</i>	N/S Line <i>FNL</i>	Feet From <i>1980'</i>	E/W Line <i>FWL</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ	INJECTOR SWD	PRODUCER ☒ OIL ☒ GAS	DATE <i>7/12/19</i>
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod C'sng	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>30</i>	<i>90</i>
<u>Flow Characteristics</u>					
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 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:		OIL CONSERVATION DIVISION	
Printed name: <i>Albert De La Cruz</i>		Entered into RBDMS	
Title: <i>Pumper</i>		Re-test <i>X J</i>	
E-mail Address: <i>albert.delacruz@apachecorp.com</i>			
Date:	Phone:		
Witness:			