

**HOBBS OCD**

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

SEP 23 2019

**BRADENHEAD TEST REPORT**

**RECEIVED**

|                                           |  |                                   |
|-------------------------------------------|--|-----------------------------------|
| Operator Name<br><i>Foundation Energy</i> |  | API Number<br><i>30-025-29184</i> |
| Property Name<br><i>Chalupa SWD</i>       |  | Well No.<br><i>#4</i>             |

**Surface Location**

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>M</i> | Section<br><i>13</i> | Township<br><i>14S</i> | Range<br><i>33E</i> | Feet from<br><i>330</i> | N/S Line<br><i>S</i> | Feet From<br><i>330</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

**Well Status**

|                                                                            |                                                                          |                                                                            |                                       |                              |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|------------------------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ INJECTOR<br><input type="radio"/> SWD <input checked="" type="radio"/> | OIL PRODUCER<br><input type="radio"/> | GAS<br><input type="radio"/> | DATE<br><i>9-16-19</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|------------------------------|------------------------|

**OBSERVED DATA**

|                      | (A) Surface | (B) Interm (1) | (C) Interm (2) | (D) Prod Casing | (E) Tubing                                     |
|----------------------|-------------|----------------|----------------|-----------------|------------------------------------------------|
| Pressure             | <i>0</i>    | <i>N/A</i>     | <i>N/A</i>     | <i>0</i>        | <i>15</i>                                      |
| Flow Characteristics |             |                |                |                 |                                                |
| Pull                 | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      | CO2 <input type="checkbox"/>                   |
| Steady Flow          | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      | WTR <input checked="" type="checkbox"/>        |
| Surges               | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      | GAS <input type="checkbox"/>                   |
| Down to nothing      | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      | Type of fluid injected for workover if applies |
| Gas or Oil           | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      |                                                |
| Water                | <i>Y/N</i>  | <i>Y/N</i>     | <i>Y/N</i>     | <i>Y/N</i>      |                                                |

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

*UIC  
MIT*

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

INSTRUCTIONS ON BACK OF THIS FORM