

HOBBS OCD

District 1
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

OCT 23 2019

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Burgundy</i>		API Number <i>30-025-02176</i>	
Property Name <i>ST. VACUUM</i>		Well No. <i>20</i>	

1. Surface Location

UL - Lot <i>P</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ	INJECTOR SWD ☐ OIL ☒	PRODUCER GAS ☐	DATE <i>9-18-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Cemented</i>			<i>35</i>	<i>35</i>
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
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injered for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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

BHT

Signature: <i>Cindy Campbell</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Cindy Campbell</i>		Entered into RBDMS	
Title: <i>Production Accountant</i>		Re-test	
E-mail Address: <i>Campbell@burgundy-oil.com</i>			
Date: <i>9/18/19</i>	Phone: <i>432-684-4033, X-205</i>		
Witness: <i>Ray Johnson</i>			

INSTRUCTIONS ON BACK OF THIS FORM