

HOBBS OCD

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

OCT 23 2019

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

BRADENHEAD TEST REPORT

Operator Name <i>Burgundy</i>		API Number <i>30-025-02179</i>	
Property Name <i>ST VACUUM</i>		Well No. <i>18</i>	

1. Surface Location

UL - Lot <i>N</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>2510</i>	E/W Line <i>N</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 Csing	(E)Tubing
Pressure	<i>0</i>			<i>35</i>	<i>35</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Water/Oil if applies

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

B.H.S.

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>ccampbell@att.net</i>			
Date: <i>9/18/19</i>	Phone: <i>432-1084-7033 x-705</i>		
Witness: <i>Ray</i>			

INSTRUCTIONS ON BACK OF THIS FORM