

HOBBS OCD

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

Operator Name <i>Burgundy</i>		API Number <i>30-025-28218</i>
Property Name <i>ST. VACUUM</i>		Well No. <i>24</i>

1. Surface Location									
UL - Lot <i>L</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>1690</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>LEA</i>

Well Status								DATE
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ	SWD	<i>OIL</i>	PRODUCER GAS	<i>9-18-19</i>

OBSERVED DATA

	(A) Surface	(B) Interm/1	(C) Interm/2	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>35</i>	<i>35</i>
Flow Characteristics					
Pull	<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 injected for waterflood if applicable
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.

Signature: <i>Cindy Campbell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cindy Campbell</i>	Entered into RBDMS
Title: <i>Production Asst.</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>ccampbell@burgundy-oil.com</i>	
Date: <i>9/18/19</i>	
Phone: <i>432/684-4033</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM