

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

BRADENHEAD TEST REPORT

|                                           |  |                                   |  |
|-------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><b>MAR DIC &amp; CAS</b> |  | API Number<br><b>30-025 06227</b> |  |
| Property Name<br><b>Eumont HARDY</b>      |  | Well No.<br><b>19</b>             |  |

| 1. Surface Location  |                      |                        |                     |  |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>L</b> | Section<br><b>36</b> | Township<br><b>20S</b> | Range<br><b>37E</b> |  | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet From<br><b>660</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |

| Well Status                          |                          |                           |                          |                                     |                           |                           |                                |                           |                       |
|--------------------------------------|--------------------------|---------------------------|--------------------------|-------------------------------------|---------------------------|---------------------------|--------------------------------|---------------------------|-----------------------|
| <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> YES | <input type="radio"/> NO | <input checked="" type="radio"/> IN | <input type="radio"/> SWD | <input type="radio"/> OIL | <input type="radio"/> PRODUCER | <input type="radio"/> GAS | DATE<br><b>8-1-19</b> |

OBSERVED DATA

|                      | (A) Surface                                   | (B) Interm(1) | (C) Interm(2) | (D) Prod Casing                               | (E) Tubing                                             |
|----------------------|-----------------------------------------------|---------------|---------------|-----------------------------------------------|--------------------------------------------------------|
| Pressure             | <b>0</b>                                      | <b>N-A</b>    | <b>N-A</b>    |                                               |                                                        |
| Flow Characteristics |                                               |               |               |                                               |                                                        |
| Pull                 | <b>Y / <input checked="" type="radio"/> N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b>Y / <input checked="" type="radio"/> N</b> | CO2 <input type="checkbox"/>                           |
| Steady Flow          | <b>Y / <input checked="" type="radio"/> N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b>Y / <input checked="" type="radio"/> N</b> | WTR <input type="checkbox"/>                           |
| Surges               | <b>Y / <input checked="" type="radio"/> N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b>Y / <input checked="" type="radio"/> N</b> | GAS <input type="checkbox"/>                           |
| Down to nothing      | <b><input checked="" type="radio"/> Y / N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b><input checked="" type="radio"/> Y / N</b> | Type of Fluid<br>Induced by<br>Water/Gel if<br>applies |
| Gas or Oil           | <b>Y / <input checked="" type="radio"/> N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b>Y / <input checked="" type="radio"/> N</b> |                                                        |
| Water                | <b>Y / <input checked="" type="radio"/> N</b> | <b>Y / N</b>  | <b>Y / N</b>  | <b>Y / <input checked="" type="radio"/> N</b> |                                                        |

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

**T.A.**

|                      |        |                           |  |
|----------------------|--------|---------------------------|--|
| Signature:           |        | OIL CONSERVATION DIVISION |  |
| Printed name:        |        | Entered into RBDMS        |  |
| Title:               |        | Re-test <b>M.L.</b>       |  |
| E-mail Address:      |        |                           |  |
| Date:                | Phone: |                           |  |
| Witness: <b>M.L.</b> |        |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

**Set by  
W. H. H.  
11-19-19**