

HOBBS OGD

DEC 17 2019

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>New Mexico SALT WATER DISPOSAL Co</i>		API Number <i>30-025-20386</i>
Property Name <i>WITTEN</i>		Well No. <i>#1</i>

1. Surface Location

UL - Lot <i>I</i>	Section <i>14</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>1980</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	YES	SHUT-IN NO	INJECTOR INJ	SWD	PRODUCER OIL	GAS	DATE <i>12-17-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure				<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / <i>N</i>	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / <i>N</i>	WTR
Surges	Y / N	Y / N	Y / N	Y / <i>N</i>	GAS
Down to nothing	Y / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / N	Y / N	Y / N	Y / <i>N</i>	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.

PWD

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

INSTRUCTIONS ON BACK OF THIS FORM