

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

BRADENHEAD TEST REPORT

Operator Name <i>Midland</i>		API Number <i>30-025-22881</i>	
Property Name <i>Langley Mattix Woolworth</i>		Well No. <i>119</i>	

1. Surface Elevation

UL - Lot <i>J</i>	Section <i>33</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1880</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

YES ☒ NO	YES ☒ NO	SHUT-IN NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER GAS	DATE <i>8-22-19</i>
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Not T/A

OBSERVED DATA

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

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

T/A Failed T/A MIT - started to load well - pumped 10 BBLS + fluid started out of the surface CSG.

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

INSTRUCTIONS ON BACK OF THIS FORM