

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



HOBBS OC

MAY 01 2020

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

BRADENHEAD TEST REPORT

|                                                      |  |                                   |  |
|------------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><u>Maverick Resources</u>           |  | API Number<br><u>30-025-08594</u> |  |
| Property Name<br><u>Talmat Field Yates Sand unit</u> |  | Well No.<br><u>109</u>            |  |

Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><u>G</u> | Section<br><u>11</u> | Township<br><u>22S</u> | Range<br><u>35E</u> | Feet from<br><u>1980</u> | N/E Line<br><u>N</u> | Feet from<br><u>2310</u> | E/W Line<br><u>E</u> | County<br><u>Lea</u> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                  |                                                      |                       |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><u>4-6-20</u> |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------|

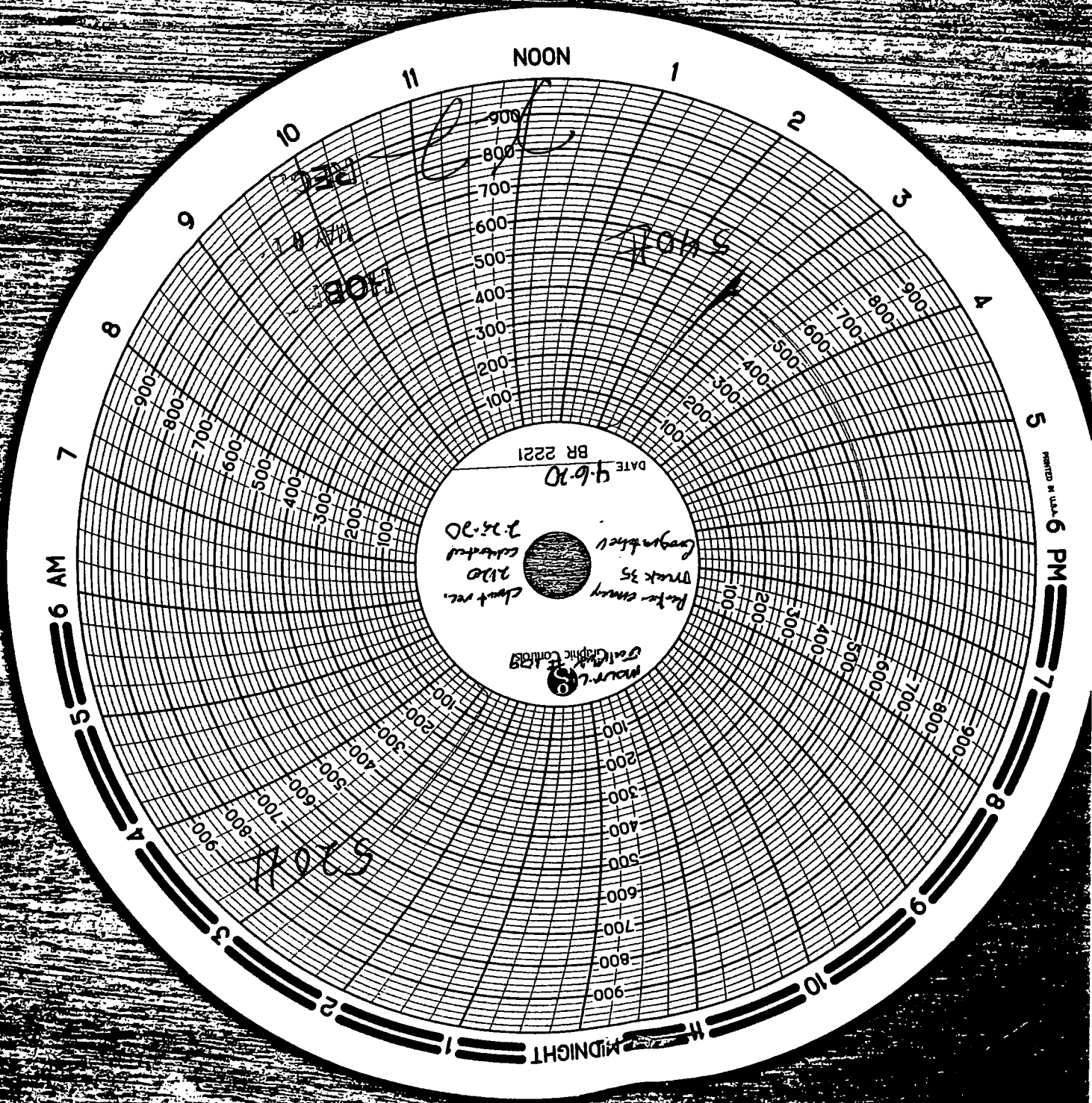
OBSERVED DATA

|                      | (A) Surface | (B) Interval 1 | (C) Interval 2 | (D) Prod. Casing | (E) Tubing                                        |
|----------------------|-------------|----------------|----------------|------------------|---------------------------------------------------|
| Pressure             | <u>0</u>    | <u>0</u>       |                | <u>0</u>         | <u>980</u>                                        |
| Flow Characteristics |             |                |                |                  |                                                   |
| Pull                 | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       | CO2 <u>—</u>                                      |
| Steady Flow          | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       | WTR <u>X</u>                                      |
| Surges               | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       | GAS <u>—</u>                                      |
| Down to nothing      | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       | Type of fluid injected for waterflood if applies. |
| Gas or Oil           | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       |                                                   |
| Water                | <u>Y/N</u>  | <u>Y/N</u>     | <u>Y/N</u>     | <u>Y/N</u>       |                                                   |

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

|                                          |                            |                           |  |
|------------------------------------------|----------------------------|---------------------------|--|
| Signature: <u>N Lee</u>                  |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <u>Nicole Lee</u>          |                            | Entered into RBDMS        |  |
| Title: <u>Regulatory Compliance Tech</u> |                            | Re-test                   |  |
| E-mail Address:                          |                            | <u>X 7</u>                |  |
| Date: <u>4/28/2020</u>                   | Phone: <u>713-437-8050</u> |                           |  |
| Witness:                                 |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM



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NAVY  
GRAPHIC CONTROL

DATE 4-6-70  
BR 2221  
Clouds 35  
Wind 35  
Long 125.20  
Lat 25.20

HOB

5405

5405

NOON

MIDNIGHT