

HOBBS OCD

MAY 01 2020

Sheet 1  
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State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

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## BRADENHEAD TEST REPORT

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| Operator Name<br><b>Maverick Resources</b> | * API Number<br><b>30-025-39541</b> |
| Property Name<br><b>Encore M. State</b>    | Well No.<br><b>002</b>              |

## \* Surface Location

|                       |                      |                        |                     |                          |                      |                          |                      |                      |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL, Lot<br><b>(G)</b> | Section<br><b>19</b> | Township<br><b>22S</b> | Range<br><b>37E</b> | Feet from<br><b>1700</b> | N/S Line<br><b>N</b> | Feet From<br><b>1700</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                                  |                                                                                |                              |                                          |                                                  |                              |                       |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------------------------|------------------------------|-----------------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJ <input type="checkbox"/> | INJECTOR<br>SWD <input type="checkbox"/> | <input checked="" type="checkbox"/> OIL PRODUCER | GAS <input type="checkbox"/> | DATE<br><b>4-8-20</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------------------------|------------------------------|-----------------------|

## OBSERVED DATA

|                      | (A) Surface | (B) Interim (1) | (C) Interim (2) | (D) Prod Cons | (E) Tubing                           |
|----------------------|-------------|-----------------|-----------------|---------------|--------------------------------------|
| Pressure             | <b>50</b>   |                 |                 | <b>10</b>     | <b>600</b>                           |
| Flow Characteristics |             |                 |                 |               |                                      |
| Pull                 | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    | CO2 <input type="checkbox"/>         |
| Steady Flow          | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    | WTR <input type="checkbox"/>         |
| Surges               | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    | GAS <input type="checkbox"/>         |
| Down to nothing      | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    | Type of Flow <b>oil</b>              |
| Gas or Oil           | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    | Ignored for Waterflood if applicable |
| Water                | <b>Y/N</b>  | <b>Y/N</b>      | <b>Y/N</b>      | <b>Y/N</b>    |                                      |

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

|                                          |                           |
|------------------------------------------|---------------------------|
| Signature: <b>Nelle</b>                  | OIL CONSERVATION DIVISION |
| Printed name: <b>NICOLE LEE</b>          | Entered into RBDMS        |
| Title: <b>Regulatory Compliance Tech</b> | Re-test                   |
| E-mail Address:                          |                           |
| Date: <b>4/28/2020</b>                   |                           |
| Phone: <b>713-437-8050</b>               |                           |
| Witness:                                 |                           |

INSTRUCTIONS ON BACK OF THIS FORM