

Checked by:
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HOBBS OCD

MAY 01 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name: Maverick Resources
Property Name: Jalmat Field Yates sand unit
API Number: 30-025-36977
Well No.: 212

* Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet from	E/W Line	County
D	23	22S	35E	660	N	990	W	Ward

Well Status

TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="radio"/> INJ					4-7-20

OBSERVED DATA

	(A) Surface	(B) Interval 1	(C) Interval 2	(D) Prod Case	(E) Other
Pressure	0	NR	NR	0	800
Flow Characteristics					
Full	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>
Water	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>

CO2
WTR
GAS
Type of fluid injected for waterflood if applicable.

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

Signature: Nicole Lee
Printed name: Nicole Lee
Title: Regulatory Compliance Tech
E-mail Address:
Date: 4/28/2020
Phone: 713-437-8050
Witness:

OIL CONSERVATION DIVISION	
Entered into RBDMS	
Re-test	<u>27</u>

INSTRUCTIONS ON BACK OF THIS FORM