

HOBBS OCD

MAY 01 2020

RECEIVED

District 1  
625 N. French Dr., Hobbs, NM 88240  
Phone: (775) 393-6161 Fax: (775) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <b>Maverick Resources</b>	*API Number <b>30-085-87174</b>
Property Name <b>Talmat Field. Yates Sand Unit</b>	Well No. <b>220</b>

* Surface Location									
UL - Lot <b>1</b>	Section <b>11</b>	Township <b>22S</b>	Range <b>35E</b>	Feet from <b>1942</b>	NS Line <b>S</b>	Feet from <b>955</b>	E/W Line <b>W</b>	County <b>LOA</b>	

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

OBSERVED DATA

	(A) Surface	(B) Internals	(C) Internals	(D) Prod. Case	(E) Casing
Pressure	0	NA	NA	0	800
Flow Characteristics					
Full	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Type of fluid logged by Water/Gas applicable
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	

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

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

INSTRUCTIONS ON BACK OF THIS FORM