

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

JUN 03 2020

BRADENHEAD TEST REPORT

Operator Name RECEIVED Timbers Energy, LLC		API Number 30-025-24027
Property Name North Vacuum ABO EAST Unit		Well No. 5

7. Surface Location

UL - Lot 3	Section 18	Township 17S	Range 35E	Feet from 660	N/S Line N	Feet From 1980	E/W Line E	County Lea
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 2/3/2020
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	-0-	N/A	N/A	-0-	4200
Flow Characteristics					
Puff	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	fluid injected for
Water	Y/N <input checked="" type="radio"/>	Y/N <input type="radio"/>	Y/N <input type="radio"/>	Y/N <input checked="" type="radio"/>	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

WC

Signature: [Signature]		OIL CONSERVATION DIVISION	
Printed name: Kevin Bennett		Entered into RBDMS [Signature]	
Title:		Re-test	
E-mail Address:			
Date: 2/3/2020	Phone:		
Witness: [Signature]			

