

**HOBBS OCD**

**AUG 18 2020**

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

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <b>Apache Oil Corp.</b>		API Number <b>30-025-39918</b>	
Property Name <b>North East Drinkard Unit (NEDU)</b>		Well No. <b>168</b>	

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>D</b>	<b>2</b>	<b>21S</b>	<b>37E</b>	<b>1970</b>	<b>N</b>	<b>1125</b>	<b>W</b>	<b>Lea</b>

**Well Status**

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <b>2-24-20</b>
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	$\emptyset$	$\emptyset$	$\emptyset$	$\emptyset$	<b>1200</b>
<b>Flow Characteristics</b>					
Pull	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	
Water	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	

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

Signature: <b>Tracy Cole</b>		OIL CONSERVATION DIVISION	
Printed name: <b>Tracy Cole</b>		Entered into RBDMS	
Title:		Re-test <b>[Signature]</b>	
E-mail Address:			
Date:	Phone: <b>575-441-5196</b>		
	Witness:		

INSTRUCTIONS ON BACK OF THIS FORM