

District 1  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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<br><b>Apache Oil Corp.</b>                |  | API Number<br><b>30-025-06534</b> |  |
| Property Name<br><b>North East Drinkard Unit (NEDU)</b> |  | Well No.<br><b>512</b>            |  |

Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>K</b> | Section<br><b>11</b> | Township<br><b>21S</b> | Range<br><b>37E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>S</b> | Feet from<br><b>1980</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                  |                                     |                |                                     |                                      |     |     |                 |                        |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----|-----|-----------------|------------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | SHUT-IN<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER<br>GAS | DATE<br><b>4-11-20</b> |
|------------------|-------------------------------------|----------------|-------------------------------------|--------------------------------------|-----|-----|-----------------|------------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                                                  |
|----------------------|--------------|--------------|--------------|--------------|------------------------------------------------------------|
| Pressure             | <b>Ø</b>     | <b>—</b>     | <b>—</b>     | <b>Ø</b>     | <b>1190</b>                                                |
| Flow Characteristics |              |              |              |              |                                                            |
| Puff                 | <b>Ø N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Ø N</b>   | CO2 <b>—</b>                                               |
| Steady Flow          | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> | WTR <b>✓</b>                                               |
| Surges               | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> | GAS <b>—</b>                                               |
| Down to nothing      | <b>Ø / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Ø / N</b> | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> |                                                            |
| Water                | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</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>Tracy Cole</b>    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Tracy Cole</b> |                            | Entered into RBDMS        |  |
| Title:                          |                            | Re-test <b>X</b>          |  |
| E-mail Address:                 |                            |                           |  |
| Date:                           | Phone: <b>575-441-5196</b> |                           |  |
|                                 | Witness:                   |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM