

District 2-Artesia Field Office
811 S. 1st Street
Artesia, NM 88210
(Office) 575-748-1283
(Fax) 575-748-9720
Submit 1 Copy

State of New Mexico
EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT

| | |
|---|---|
| Operator Name <i>Ray Westall Operating</i> | ³⁰ API Number <i>30-015-04573</i> |
| Property Name <i>Culwin Queen</i> | Well No. <i># 11</i> |

7. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|-----------|------------|------------|------------|------------|------------|------------|-------------|
| <i>M</i> | <i>36</i> | <i>18s</i> | <i>30E</i> | <i>330</i> | <i>FSL</i> | <i>990</i> | <i>FWL</i> | <i>Eddy</i> |

Well Status

| TA'D Well | SHUT-IN | INJECTOR | PRODUCER | DATE |
|-----------|---------|--|----------|------------------|
| YES NO | YES NO | <input checked="" type="radio"/> INJ SWD | OIL GAS | <i>9-22-2020</i> |

OBSERVED DATA

| | (A) Surf-Interm. | (B) Interm. (1) | (C) Interm. (2) | (D) Prod Casing | (E) Tubing |
|----------------------|------------------|-----------------|---------------------------------------|---------------------------------------|--------------------|
| Pressure | | | <i>0</i> | <i>0</i> | <i>565</i> |
| Flow Characteristics | | | | | |
| Puff | Y/ N | Y/ N | Y/ <input checked="" type="radio"/> N | Y/ <input checked="" type="radio"/> N | CO2 _____ |
| Steady Flow | Y/ N | Y/ N | Y/ N | Y/ N | WTR _____ |
| Surges | Y/ N | Y/ N | Y/ N | Y/ N | GAS _____ |
| Down to nothing | Y/ N | Y/ N | Y/ N | Y/ N | If applicable type |
| Gas or Oil | Y/ N | Y/ N | Y/ N | Y/ N | fluid injected for |
| Water | Y/ N | Y/ N | Y/ N | Y/ N | Waterflood |

If Braden head flowed water, check all the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

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

accepted for recorded test not witnessed

| | |
|-------------------------------|---------------------------|
| Signature: <i>Scenic Hope</i> | OIL CONSERVATION DIVISION |
| Print name: | Recorded online: |
| Title: | Re-test: |
| E-mail Address: | Phone #: |
| Date: <i>9/23/20</i> | Witness: |