



NEW MEXICO ENERGY, MINERALS  
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE  
1000 RIO BRAZOS ROAD  
AZTEC NM 87410

(505) 334-6178 FAX: (505) 334-6170

[http://emnrd.state.nm.us/ocd/District III/3distric.htm](http://emnrd.state.nm.us/ocd/District%20III/3distric.htm)

NO WELL

**BRADENHEAD TEST REPORT**

(submit 1 copy to above address)

Date of Test \_\_\_\_\_ Operator: Enervest Operating, LLC API #30-039-31305

Property Name: Jicarilla B Well No. 5M Location: Unit: C Section: 21 Township: 26N Range: 5W

Well Status(Shut-In or Producing) Initial PSI: Tubing \_\_\_\_\_ Intermediate \_\_\_\_\_ Casing \_\_\_\_\_ Bradenhead \_\_\_\_\_

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

| Testing<br>TIME | PRESSURE   |     |     |        |     |
|-----------------|------------|-----|-----|--------|-----|
|                 | Bradenhead |     |     | INTERM |     |
|                 | BH         | Int | Csg | Int    | Csg |
| 5 min           |            |     |     |        |     |
| 10 min          |            |     |     |        |     |
| 15 min          |            |     |     |        |     |
| 20 min          |            |     |     |        |     |
| 25 min          |            |     |     |        |     |
| 30 min          |            |     |     |        |     |

| FLOW CHARACTERISTICS  |              |
|-----------------------|--------------|
| BRADENHEAD            | INTERMEDIATE |
| Steady Flow _____     | _____        |
| Surges _____          | _____        |
| Down to Nothing _____ | _____        |
| Nothing _____         | _____        |
| Gas _____             | _____        |
| Gas & Water _____     | _____        |
| Water _____           | _____        |

OIL CONS. DIV DIST. 3

MAY 24 2017

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

CLEAR \_\_\_\_\_ FRESH \_\_\_\_\_ SALTY \_\_\_\_\_ SULFUR \_\_\_\_\_ BLACK \_\_\_\_\_

5 MINUTE SHUT-IN PRESSURE BRADENHEAD \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_

Witness \_\_\_\_\_

(Position)

E-mail address \_\_\_\_\_