

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

(Submit 1 copy to above address)

Well Status (Shut-In or **Producing**) Initial PSI: Tubing_70_ Intermediate____ Casing_70_ Braden head_0_

Testing	PRESSURE					
	BH	Bradenhead		INTERM		
		Int	Csg		Int	Csg
TIME						
5 min	0		70			
10 min	0		70			
15 min	0		70			
20 min						
25 min						
30 min						

Steady Flow

Surges

Down to Nothing

Nothing X

Gas

Gas & Water

Water

CLEAR FRESH SALTY SULFUR BLACK

5 MINUTE SHUT-IN PRESSURE BRADENHEAD 0 INTERMEDIATE

No Blow

By Rodale Curley

Witness _____

Lease Operator _____
(Position)

E-mail address

NMOC
JUL 31 2019
DISTRICT III