

HOBBS OCD

MAR 13 2015

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

RECEIVED	Operator Name ConocoPhillips Company	API Number 3002539318
Property Name MCA UNIT		Well No 462

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
K	26	17S	32E	1830	S	1330	W	LEA

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SWD <input type="checkbox"/> INJ <input checked="" type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	2/24/15

OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing ✓
Pressure	0			0	1695
Flow Characteristics					CO2 _____
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	WTR ✓
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS _____
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Down to Nothing	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	

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

Signature: <i>[Handwritten Signature]</i>	OIL CONSERVATION DIVISION
Print name: <i>Cruz Duarte</i>	Entered in RBDMS
Title: <i>MSO</i>	Re-test
E-mail Address: <i>Cruz, R. Duarte (A) ConocoPhillips.com</i>	
Date:	Phone: <i>(575) 390-8280</i>
	Witness:

BR 3/18/2015

MAR 20 2015