

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>Apache Oil Comp.</b>		API Number <b>30-025-06771</b>
Property Name <b>NEDU</b>		Well No. <b>811</b>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>E</b>	<b>23</b>	<b>21S</b>	<b>37E</b>	<b>1980</b>	<b>N</b>	<b>660</b>	<b>W</b>	<b>Lea</b>

Well Status

TA'D WELL YES <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/>	SWD	OIL PRODUCER GAS	DATE <b>3-21-15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cnsng	(E)Tubing
Pressure	<b>Ø</b>	<b>N/A</b>	<b>N/A</b>	<b>25</b>	<b>1100</b>
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/>	Y/N	Y/N	<input checked="" type="radio"/> /N	CO2 —
Steady Flow	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	GAS —
Down to nothing	Y/ <input checked="" type="radio"/>	Y/N	Y/N	<input checked="" type="radio"/> /N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/ <input checked="" type="radio"/>	Y/N	Y/N	<input checked="" type="radio"/> /N	
Water	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	

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

Signature: <i>Tracy Cole</i>	OIL CONSERVATION DIVISION
Printed name: <b>Tracy Cole</b>	Entered into RBDMS <i>JM</i>
Title: <b>Pumper</b>	Re-test
E-mail Address: <b>tracy.cole@apache.corp.com</b>	
Date: <b>3-21-15</b>	Phone: <b>575-441-5196</b>
Witness:	

*DS* 8/20/2015

INSTRUCTIONS ON BACK OF THIS FORM

AUG 28 2015