

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

BRADENHEAD TEST REPORT

Operator Name <i>Conoco Phillips</i>	<sup>3</sup> API Number <i>30-025-40500</i>
Property Name <i>Wildcat 29 Fee</i>	Well No. <i>1</i>

<sup>7</sup> Surface Location

UL - Lot <i>F</i>	Section <i>29</i>	Township <i>26S</i>	Range <i>32E</i>	Feet from <i>2010</i>	N/S Line <i>N</i>	Feet From <i>2650</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>2/5/16</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	$\emptyset$	<i>n/a</i>	<i>n/a</i>	$\emptyset$	$\emptyset$
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR _____
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS _____
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Waterflood

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

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Post Work Over B.H. Test.*

*BS 2/5/16*

Signature: <i>Walter Koerberle</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>GB</i>
Title:	Re-test
E-mail Address:	
Date: <i>2/5/16</i>	Phone:
Witness: <i>[Signature]</i>	

FEB 08 2016

*[Red Signature]*