

JUL 14 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Oil Corp.</i>		API Number <i>30-025-06502</i>	
Property Name <i>NEDU</i>		Well No. <i>210</i>	

1. Surface Location

UL - Lot <i>8</i>	Section <i>3</i>	Township <i>21S</i>	Range <i>37E</i>	Feet from <i>2970</i>	N/S Line <i>5</i>	Feet From <i>1650</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ SWD	OIL PRODUCER OIL ☒ GAS	DATE <i>3-26-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>50 to 0</i>	<i>0</i>	<i>N/A</i>	<i>80</i>	<i>1100</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Water/flood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Surface - Gas - Packer fluid Blow Down 62 mins

Failed Braden Head so
didn't do MIT. Test

Prod Gases - Gas only Blow Down 62 mins

Communicated between Tubing and casing
Blew down when shut in pressured backup
and equilized with Tubing

Failed BS 7/28/2015

Signature: <i>Tracy Cole</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Tracy Cole</i>		Entered into RBDMS	
Title: <i>Pumper</i>		Re-test	
E-mail Address: <i>tracy.cole@apachecorp.com</i>			
Date: <i>3-26-15</i>	Phone: <i>575-441-5196</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015