

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

JUL 16 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cameron O+G</i>	API Number <i>30-025-24451</i>
Property Name <i>Fluon</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>m</i>	Section <i>35</i>	Township <i>22</i>	Range <i>37</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	-----------------------	--------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☒ SWD	PRODUCER OIL ☒ GAS	DATE <i>7/6/15</i>
--	--	--	--	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>20</i>	<i>75</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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies

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

Bl 8/3/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>7/6/15</i>	
Phone:	
Witness: <i>Gary Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015