

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>30-025-26670</i>
Property Name <i>NEDU</i>	Well No. <i>111</i>

Surface Location

UL - Lot <i>B</i>	Section <i>3</i>	Township <i>21S</i>	Range <i>37E</i>	Feet from <i>2232</i>	N/S Line <i>N</i>	Feet From <i>2310</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	PRODUCER OIL ☒ GAS	DATE <i>3-25-15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>75 to 0</i>	<i>N/A</i>	<i>N/A</i>	<i>25 to 0</i>	<i>1150</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 Waterflood 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 - Packer fluid + Gas Blow Down 3 mins

Prod Csg - Puff Blow down imed.

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:	
Phone: <i>575-441-5196</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015