

JUL 16 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cameron</i>	API Number <i>32116</i> <i>30-025-23116</i>
Property Name <i>L. Smith Sarah B</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>A</i>	Section <i>32</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>4490</i>	N/S Line <i>WS</i>	Feet From <i>710</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 ☒	INJ ☐	INJECTOR SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>7/6/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\emptyset$	N/A	N/A	20	150
Flow Characteristics					
Pull	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	CO2 ☐
Steady Flow	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	WTR ☐
Surges	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	GAS ☐
Down to nothing	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	Type of Fluid
Gas or Oil	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	Injected for
Water	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☐	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.

BS 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>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015