

JUL 16 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Cameron</i>		API Number <i>30-025-32319</i>
Property Name <i>Braver Fed</i>		Well No. <i>1</i>

Surface Location

UL - Lot <i>L</i>	Section <i>12</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☐ 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	<i>18</i>	<i>N/A</i>	<i>N/A</i>	<i>20</i>	<i>75</i>
Flow Characteristics					
Puff	☒ 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