

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

AUG 07 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Buckeye Disposal LLC</i>	API Number <i>30-020-31173</i>
Property Name <i>CBM LEAF</i>	Well No. <i>1</i>

Surface Location

BL - Lot <i>P</i>	Section <i>24</i>	Township <i>19S</i>	Range <i>37E</i>	Feet from <i>467</i>	N/S Line <i>S</i>	Feet From <i>467</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> SWD	OIL PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE <i>7-15-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> / 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 8/30/2015

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>SIM BAYRE</i>	Entered into RBDMS
Title: <i>MANAGER</i>	Re-test
E-mail Address: <i>SIM@the standard energy.com</i>	
Date: <i>7-15-15</i>	Phone: <i>575-39016006</i>
Witness: <i>Bill Semamah</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015