

AUG 26 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Justin Wall</u>		API Number <u>3002535188</u>	
Property Name <u>TBAU #2</u>		Well No. <u>2</u>	

Surface Location									
UL - Lot <u>P</u>	Section <u>22</u>	Township <u>12-S</u>	Range <u>38-E</u>	Feet from <u>990</u>	N/S Line <u>S</u>	Feet From <u>600</u>	E/W Line <u>E</u>	County <u>Lea</u>	

Well Status								DATE
YES	TA'D WELL <u>NO</u>	YES	SHUT-IN <u>NO</u>	INJ <u>NO</u>	SWD	OIL PRODUCER	GAS	<u>8-6-15</u>

OBSERVED DATA

	(A) Surface	(B) Interim (1)	(C) Interim (2)	(D) Prod/Csug	(E) Tubing
Pressure	<u>0</u>	<u>300</u>		<u>100</u>	<u>800</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u> </u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u> </u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u> </u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Waterbreak if
					applies

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

Will bleed down Int. casing and do a 24hr test
Will bleed down to zero.

Signature: <u>Justin Wall</u>		OIL CONSERVATION DIVISION	
Printed name: <u>Justin Wall</u>		Entered into RBDMS	
Title: <u>FSA</u>		Re-test	
E-mail Address: <u>L5YK@Chevron</u>			
Date: <u>8-6-15</u>	Phone: <u>575 704 6224</u>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 03 2015