

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

AUG 26 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <u>Justin Wall</u>	API Number <u>3002536451</u>
Property Name <u>TBAU</u>	Well No. <u>5</u>

2. Surface Location

U/L Lot <u>F</u>	Section <u>33</u>	Township <u>12S</u>	Range <u>38E</u>	Feet from <u>2310</u>	N/S Line <u>N</u>	Feet From <u>1650</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR <u>NO</u>	SWD <u>NO</u>	OIL PRODUCER <u>NO</u>	GAS <u>NO</u>	DATE <u>8-6-15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csmg	(E) Tubing
Pressure	<u>0</u>	<u>0</u>		<u>0</u>	<u>200</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 Injected for Water/Oil if applies
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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

Signature: <u>[Signature]</u>	<u>BS 8/30/2015</u>
Printed name: <u>Justin Wall</u>	OIL CONSERVATION DIVISION
Title: <u>FSA</u>	Entered into RBDMS
E-mail Address: <u>LSYK@Chevron.com</u>	Re-test
Date: <u>8-6-15</u>	
Phone: <u>575 724 6224</u>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 03 2015