

HOBBS OCD

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

SEP 08 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>CATO</i>	API Number <i>30-005-29021</i>
Property Name <i>CATO S.A. 4</i>	Well No. <i>50</i>

7. Surface Location

UL - Lot <i>5</i>	Section <i>11</i>	Township <i>8S</i>	Range <i>30E</i>	Feet from <i>1580</i>	N/S Line <i>S</i>	Feet From <i>1922</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> NO	SWD <input checked="" type="checkbox"/> NO	PRODUCER OIL <input checked="" type="checkbox"/> GAS	DATE <i>8/25/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>2/A</i>	<i>2/A</i>	<i>φ</i>	<i>1200</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input checked="" type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input checked="" type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Signature: <i>Robert McKenzie</i>	OIL CONSERVATION DIVISION
Printed name: <i>Robert McKenzie</i>	Entered into RBDMS
Title: <i>SR, Prep Ops Mgr</i>	Re-test
E-mail Address: <i>Robert.McKenzie@nbservices.com</i>	
Date: <i>8/25/15</i>	
Phone:	
Witness: <i>Geoff Lowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 25 2015