

JUN 13 2016

RECEIVED

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

**BRADENHEAD TEST REPORT**

Operator Name <b>APACHE CORP</b>	API Number <b>30 025 06481</b>
Property Name <b>EBDO</b>	Well No. <b>20</b>

Surface Location									
UL - Lot <b>I</b>	Section <b>11</b>	Township <b>25</b>	Range <b>37E</b>	Feet from	N/S Line <b>FSL</b>	Feet from <b>330</b>	E/W Line <b>FEL</b>	Cont.	<b>Lea</b>

Well Status

YES	TA'D WELL <input checked="" type="checkbox"/>	NO	YES	SHUT-IN <input type="checkbox"/>	NO	INJECTOR <input checked="" type="checkbox"/>	SWD	OIL	PRODUCER	GAS	DATE <b>4-14-16</b>
-----	--	----	-----	-------------------------------------	----	---	-----	-----	----------	-----	------------------------

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	Pressure
Pressure	$\emptyset$			$\emptyset$	1420
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Bleedy Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

Remarks: Please describe each well (A,B,C,D,E) pertinent information regarding build up or continuous build up if applies.

*IN  
jmb*

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>DAVID CUMMINGS</b>	Entered into RBDMS
Title: <b>SR PUMPER</b>	Re-test
E-mail Address:	
Date: <b>4-14-16</b>	Phone:
Witness: <b>Kristal Heady</b>	