<u>District J</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 HOBBS OCD

## AUG 1 1 2014

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

RECEIVED

**BRADENHEAD TEST REPORT** Operator Name API Number 30-025-24771 Kaiser-Francis Oil Company Property Name Well No. 015 North Bell Lake Unit 4 7. Surface Location N/S Line E/W Line UL - Lot Section Township Range Feet from Feet From County 34E 1980 8 **23S** 1980 South West **LEA Well Status** TA'D WELL SHUT-IN INJECTOR PRODUCER DATE NO NO SWD YES YES INJ OIL GAS 07-22-2014

## **OBSERVED DATA**

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csng | (E)Tubing                     |
|----------------------|------------|--------------|--------------|--------------|-------------------------------|
| Pressure             | 0#         | 200#         |              | 32#          | 1000#                         |
| Flow Characteristics |            |              |              |              |                               |
| Puff                 | Y/(N)      | Y/N          | Y/N          | Y /(N)       | CO2                           |
| Steady Flow          | YN         | Y/N          | Y/N          | Y/N2         | WTR<br>GAS                    |
| Surges               | YN         | (Y)/ N       | Y/N          | Y /(N)       | Type of Fluid                 |
| Down to nothing      | (Y)N       | (Y)/ N       | Y / N        | (Y) N        | Injected for<br>Waterflood if |
| Gas or Oil           | Y(N)       | Y/N          | Y / N        | Y            | applies.                      |
| Water                | YN         | (Y)/ N       | Y / N        | Y            |                               |

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

FOR RECORD ONLY

BS 8/17/2014

| Signature: 2018            | Mixon                                      | OIL CONSERVATION DIVISION |  |  |
|----------------------------|--|---------------------------|--|--|
| Printed name: Teresa Mixon |  | Entered into RBDMS        |  |  |
| Title: Regulatory Complian | ce Analyst                                 | Re-test                   |  |  |
| E-mail Address: teresami@  | kfoc.net                                   |                           |  |  |
| Date: 08-07-14             | Phone: 918-491-4591                        |                           |  |  |
|                            | Witness:Bill Sonnamaker, OCD Staff Manager |                           |  |  |