

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

MAR 11 2015

BRADENHEAD TEST REPORT

RECEIVED <i>JATES</i>	Operator Name	API Number
	Property Name <i>Love Ady SWD</i>	Well No. <i>1</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>5</i>	<i>31</i>	<i>8S</i>	<i>33E</i>	<i>1980</i>	<i>S</i>	<i>1980</i>	<i>E</i>	<i>CHAVES</i>	

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
YES <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/>	OIL <input checked="" type="checkbox"/>	<i>3/11/15</i>					

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>n/a</i>	<i>n/a</i>	<i>0</i>	<i>220</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	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.

BS 3/8/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>3/11/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAR 18 2015