## **State of New Mexico**

AUG 2 0 2015

RECEIVED

## Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

Surface Location    Column	BRADENHEAD TEST REPORT								RECEIVED		
Surface Location  UT. Lot   Section   Township   Range   Peet from   NS Line   Peet From   EW Line   County    Well Status  TAD WELL   MO   YES   SHUT-IN	Operator Name										
Company   Comp								W	ell No.		
UI. Lot Section Township Range Feet from NS Line Feet From L County L 225 37 C Well Status  Well Status  VES SHUT-IN NO INJ DIRECTOR SWD OF PRODUCER GAS MATE OBSERVED DATA  OBSERVED DATA		<del></del>		/'	<del>/</del>						
Well Status	· · · · · · · · · · · · · · · · · · ·		<sup>7.</sup> S		T***		<del></del>				
Well Status  OBSERVED DATA  OCO2  WITH  Steady Flow  V/N  V/N  V/N  V/N  V/N  V/N  V/N  V/								l <i>1</i>			
OBSERVED DATA    Column			•	Well Status							
Pressure    Color Characteristics			NO INJ		swd ou			6/	DATE /		
Pressure    Color Characteristics					1		<u> </u>				
Pressure    Own Characteristics		No. of the second	<u>OBS</u>	ERVED DA	ATA .						
Steady Flow Y / N		(A)Surface	(B)Intern	<u>n(1)</u>	(C)Interm(2)		(D)Prod Csn	ıg	(E)Tubing		
Steady Flow  Y/N  Steady Flow  Y/N  Surges  Y/N  Y/N  Y/N  Y/N  Y/N  Y/N  Y/N  Y/	Pressure	Ø	N/A		ماار	9	40		45		
Steady Flow Surges Down to nothing Gas or Oil Water  Water						, , ,			CO2		
Starges  V/N  V/N  V/N  V/N  V/N  V/N  V/N  V/		Steady Flow Y / PA									
Down to nothing  Gas or Oil  Water  Water  Water  N N N N N N N N N N N N N N N N N N N											
Gas or Oil  Water  Y/N  Y/N  Y/N  Y/N  Y/N  Warrhood 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:  OIL CONSERVATION DIVISION  Printed name:  Entered into RBDMS  Fitte:  Re-test  Phone:	Down to nothing		Y / N					Type of Fluid			
Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.    Signature: OIL CONSERVATION DIVISION									Waterflood if		
BS		/							appoex		
BS											
BS							1				
OIL CONSERVATION DIVISION  Printed name:  Entered into RBDMS  Title:  Re-test  Date: \$\frac{1}{3}\frac{1}{5}\$ Phone:	Remarks – Please state for ea	ch string (A,B,C,D,E) perti	nent informatior	ı regarding bleed	down or continu	10us build up if	applies.				
OIL CONSERVATION DIVISION  Printed name:  Entered into RBDMS  Title:  Re-test  Date: \$\frac{1}{3}\frac{1}{5}\$ Phone:											
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Printed name:  Entered into RBDMS  Re-test  Date: 3/10/15 Phone:	Signature:						N				
Fitle:  Re-test  Date: \$\frac{1}{3}\frac{1}{5}\$ Phone:	Printed name:										
Date: 3/10/15 Phone:	Title:										
	E-mail Address:						•				
Witness:	Date: 3/10/15	Phone:					•				
		Witness:	was S								
						<u> </u>					