



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

BRADENHEAD TEST REPORT

Operator Name Basic Energy Services	API Number 30-025-31888
Property Name Red Hawk 32 State	Well No. 1

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	32	19S	34E	1980	S	810	W	Lea

Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	DATE 3/4/16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset		\emptyset	1110
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	<input checked="" type="checkbox"/> /N	CO2 <input type="checkbox"/>
Steady Flow	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> /N	<input checked="" type="checkbox"/> /N	Y/N	<input checked="" type="checkbox"/> /N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	Injected for
Water	Y/ <input checked="" type="checkbox"/>	Y/ <input checked="" type="checkbox"/>	Y/N	Y/ <input checked="" type="checkbox"/>	Waterflood if

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

B8 3/9/16

Signature:	OIL CONSERVATION DIVISION
Printed name: BLAINE PAUL	Entered into RBDMS CF
Title: MECH.	Re-test
E-mail Address:	
Date: 3-4-16	Phone: 575-748-7631
Witness: Carl Flowers	

In C.F.