

OCT 1 0 2017

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

BRADENHEAD TEST REPORT

Operator Name CONOCO PHILLIPS		API Number 30-025-42716	
Property Name EVGSAU		Well No. 2721	Well No. W527

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
N	27	17S	35E	1168	S	2141	W	Lea

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	9-8-17

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	0	—	—	0	0
<u>Flow Characteristics</u>					NOT INJ
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <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"/> Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	If applicable type
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	fluid injected for
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	Waterflood

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

INITIAL MIT
PKR 4734
End of tubing 4747
Perfs 4800-4920

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 9-8-17	399-3221
Phone:	
Witness: Kerry Fortner - OCD	