

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

DEC 01 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cambrion</i>	*API Number <i>30-025-12802</i>
Property Name <i>Rice SWD F</i>	Well No. <i>29</i>

2. Surface Location

UL - Lot <i>F</i>	Section <i>29</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>1880</i>	N/S Line <i>N</i>	Feet From <i>1745</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

YES <input checked="" type="checkbox"/> TA'D WELL	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> SHUT-IN	NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> SWD	OIL <input type="checkbox"/>	PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE <i>12/1/17</i>
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OBSERVED DATA

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

Signature: <i>Chris B...</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title: <i>Chris-575-399-7588</i>	Re-test <i>IMP</i>
E-mail Address:	
Date: <i>12/1/17</i>	
Phone:	
Witness: <i>Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM