

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

SEP 14 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>R. J. Quinter</i>		API Number <i>30-005 01161</i>
Property Name <i>South Caprock</i>		Well No. <i>15</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>0</i>	<i>08</i>	<i>145</i>	<i>31E</i>	<i>330</i>	<i>5</i>	<i>1980</i>	<i>E</i>	<i>Chaves</i>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>9/9/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	<i>N/A</i>	<i>N/A</i>	ϕ	ϕ
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 checked="" 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>[Signature]</i>	OIL CONSERVATION DIVISION Entered into RBDMS Re-test
Printed name: <i>Jimmie J Reynolds</i>	
Title: <i>Field Supt.</i>	
E-mail Address:	
Date: <i>9/9/15</i>	
Phone:	
Witness: <i>[Signature]</i>	

Bl 9/25/15

SEP 28 2015