

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

NOV 20 2015

BRADENHEAD TEST REPORT

Operator Name <i>Oxy</i>		API Number <i>30-025-33149</i>
Property Name <i>Red Tank 35 Fed</i>		Well No. <i>3</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>L</i>	<i>35</i>	<i>22S</i>	<i>32E</i>	<i>2310</i>	<i>S</i>	<i>990</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>11/20/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	\emptyset	<i>n/a</i>	<i>n/a</i>	\emptyset	<i>950</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 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>Tommy Powell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Tommy Powell</i>	Entered into RBDMS
Title: <i>PRODUCTION TECH</i>	Re-test
E-mail Address:	
Date: <i>11/20/15</i>	Phone:
Witness: <i>Tommy Powell</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 02 2015

Tommy Powell