

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

DEC 09 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seely</i>	API Number <i>30-025-37587</i>
Property Name <i>EK Queer</i>	Well No. <i>619</i>

Surface Location

UL - Lot <i>N</i>	Section <i>13</i>	Township <i>8S</i>	Range <i>33E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>12/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>900</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>✓</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Steve Clizman</i>	OIL CONSERVATION DIVISION
Printed name: <i>Steve Clizman</i>	Entered into RBDMS <i>CB</i>
Title:	Re-test
E-mail Address:	
Date: <i>12/9/15</i>	Phone:
Witness: <i>Harry Bower</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015