

JUN 13 2016

16

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

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <b>APACHE CORP</b>	API Number <b>30 025 065 41</b>
Property Name <b>EBDU</b>	Well No <b>31</b>

Surface Location									
UL Lot <b>C</b>	Section <b>12</b>	Township <b>21S</b>	Range <b>37E</b>	Feet from <b>330</b>	N/S Line <b>FNL</b>	Feet From <b>190</b>	E/W Line <b>FNL</b>	County <b>LEA</b>	

**Well Status**

TA'D WELL <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> INJ	SWD	OIL	PRODUCER	GAS	DATE <b>4-14-16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cstrg	(E)Tubing
Pressure	<b>PRESS</b>	<b>B</b>		<b>A</b>	<b>956</b>
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	CO2 ___
Steady	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR ___
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Injected for
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Waterflood if applies

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

**SURF BLEED 1 MIN**

*IN*  
*EMTS*

Signature: <b>DC</b>	OIL CONSERVATION DIVISION
Printed name: <b>DAVID CUMMINGS</b>	Entered into RBDMS
Title: <b>SR PUMPER</b>	Re-test
E-mail Address:	
Date: <b>4-14-16</b>	Phone:
Witness: <b>Healy</b>	