

HOBBS OCD

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corporation</i>	API Number <i>#30-025-3927</i>
Property Name <i>WARN STATE A/c 2</i>	Well No. <i>19</i>

Surface Location

UL - Lot <i>B4</i>	Section <i>6</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>2010'</i>	N/S Line <i>FNL</i>	Feet from <i>2230'</i>	E/W Line <i>FWL</i>	County <i>Lea</i>
-----------------------	---------------------	------------------------	---------------------	---------------------------	------------------------	---------------------------	------------------------	----------------------

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	<i>6/29/10</i>
		INJ	GAS	
			<i>OIL</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C/sng	(E)Tubing
Pressure	\emptyset	\emptyset	\emptyset	\emptyset	\emptyset
Flow Characteristics					
Puff	<i>Y/N</i>	<i>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>N</i>	<i>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
					apples

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

Hole in TBG / work on

Signature:	OIL CONSERVATION DIVISION
Printed name: <i>Albert DeLa Cruz</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address: <i>albert.delacruz@apachecorp.com</i>	
Date:	
Phone:	
Witness: <i>Boone</i>	