

District 2-Artesia Field Office
811 S. 1st Street
Artesia, NM 88210
(Office) 575-748-1283
(Fax) 575-748-9720
Submit 1 Copy

State of New Mexico
EMNRD-OIL CONSERVATION DIVISION

BRADENHEAD TEST REPORT

Operator Name <i>Ray Westfall Operating</i>	30 API Number <i>30-015-32252</i>
Property Name <i>EMPIRE Deep 29 #2 SWD</i>	Well No.

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>M</i>	<i>29</i>	<i>17S</i>	<i>29E</i>	<i>660</i>	<i>S</i>	<i>660</i>	<i>W</i>	<i>Eddy</i>

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES ☒ NO	YES ☒ NO	INJ ☒ SWD	OIL ☐ GAS ☐	<i>9-23-20</i>

OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure			<i>0</i>	<i>0</i>	<i>1790</i>
Flow Characteristics	<i>N/A</i>	<i>N/A</i>			
Puff	Y / N	Y / N	<i>0</i> / N	<i>0</i> / N	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Accepted for recorded test not witnessed
NMOCD DS 10-20-2020

Signature: <i>Rene Hope</i>	OIL CONSERVATION DIVISION
Print name: <i>Rene Hope</i>	Recorded online:
Title: <i>Office Manager</i>	Re-test:
E-mail Address:	Phone #: <i>677-2370</i>
Date: <i>9/23/20</i>	Witness: <i>[Signature]</i>