

District 2-Artesia Field Office
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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 Westall Operations</i>		30 API Number <i>30-015-25361</i>
Property Name <i>STATE CG SWO</i>		Well No. <i>#1</i>

7. Surface Location

UL - Lot <i>J</i>	Section <i>7</i>	Township <i>18s</i>	Range <i>28E</i>	Feet from <i>1980</i>	N/S Line <i>FSL</i>	Feet From <i>2310</i>	E/W Line <i>FEL</i>	County <i>Eddy</i>
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Well Status

TA'D Well		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	<i>(SWD)</i>	OIL	GAS	<i>8-14-2020</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>1550</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / <i>(N)</i>	Y / <i>(N)</i>	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

Signature: <i>Oker Hope</i>		OIL CONSERVATION DIVISION
Print name:		Recorded online:
Title:		Re-test:
E-mail Address:	Phone #:	
Date: <i>9/23/20</i>	Witness:	