

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

AUG 29 2014

BRADENHEAD TEST REPORT

RECEIVED 30-025-31173

Operator Name <i>Buckeye Disposal LLC</i>		API Number <i>033446</i>
Property Name <i>C.B.M. #1</i>		Well No. <i>1</i>

Surface Location

UL Lot <i>P</i>	Section <i>24</i>	Township <i>19S</i>	Range <i>37E</i>	Feet from <i>467</i>	N/S Line <i>South</i>	Feet From <i>467</i>	E/W Line <i>East</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <i>8-27-14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Injected for
Water	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Waterflood if
					applies

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

*ALL Tested OK*

FOR RECORD ONLY

*BS 9/10/2014*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION.
Printed name: <i>Jim SAYRE</i>	Entered into RBDMS
Title: <i>MANAGER</i>	Re-test
E-mail Address: <i>Jim@theSTANDARDenergy.com</i>	
Date: <i>8-27-14</i>	Phone: <i>575-390-6006</i>
Witness:	

SEP 11 2014