

HOBBS OCD

AUG 03 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>McGOWAN WORKING PARTNERS INC.</i>	API Number <i>30025334890000</i>
Property Name <i>STATE 35 UNIT</i>	Well No. <i>008</i>

2. Surface Location

UL - Lot <i>A</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>3460</i>	N/S Line <i>E</i>	Feet From <i>1120</i>	RTV Line <i>N</i>	County <i>LeA</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>3/22/16</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Jack Stevenson</i>	OIL CONSERVATION DIVISION
Printed name: <i>JACK STEVENSON</i>	Entered into RBDMS
Title: <i>PUMPER</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>3/22/16</i>	Phone: <i>575-631-1083</i>
Witness: <i>[Signature]</i>	