

HOBBS OCD

JUL 10 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name Apache Corp	API Number 30-025-04002
Property Name NMGSAU	Well No 909

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
I	25	19S	36E	1980	S	660	E	Lea

Well Status

TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	7-10-17

OBSERVED DATA

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

Signature:	OIL CONSERVATION DIVISION
Printed name: Jim Ellison	Entered into RBDMS
Title: Instrument Tech	Re-test
E-mail Address: JD.Ellison@apachecorp.com	
Date:	
Phone:	
Witness: Shy Palmer OCD	

575-399-3220