

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy</i>		*API Number <i>30-025-12356</i>	
Property Name <i>WEST Dollarhide Devonian</i>		Well No. <i>112</i>	

7. Surface Location

UL - Lot <i>D</i>	Section <i>4</i>	Township <i>25S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	SHUT-IN YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	SWD	OIL	PRODUCER GAS	DATE <i>10/5/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	<i>1150</i>
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 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:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>10/5/17</i>	Phone:		
Witness: <i>Howe</i>			

INSTRUCTIONS ON BACK OF THIS FORM