

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

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OCT 20 2017

BRADENHEAD TEST REPORT

Operator Name <i>Forty Acres</i>	API Number <i>30-025-23536</i>
Property Name <i>Clower St.</i>	Well No. <i>1</i>

2. Surface Location

UL - Lot <i>I</i>	Section <i>20</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR ☐	SWD ☐	PRODUCER ☒	GAS ☐	DATE <i>10/18/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>7</i>	<i>—</i>	<i>—</i>	<i>15</i>	<i>15</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	<i>N</i> / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / N	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / N	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: <i>Danny Brown</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>MA</i>
E-mail Address:	
Date: <i>10/18/17</i>	Phone:
Witness: <i>Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM