

District 2-Artesia Field Office  
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Submit 1 Copy

# State of New Mexico

## EMNRD-OIL CONSERVATION DIVISION

### BRADENHEAD TEST REPORT

Operator Name <i>Ray Westall operating</i>	30 API Number <i>30-015-27677</i>
Property Name <i>Ninety Nine SWD #1</i>	Well No. <i>#1</i>

#### 7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>E</i>	<i>1</i>	<i>18S</i>	<i>30E</i>	<i>1980</i>	<i>FNL</i>	<i>990</i>	<i>FWL</i>	<i>Eddy</i>

#### Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES      NO	YES      NO	INJ <i>(SWD)</i>	OIL      GAS	<i>8-10-2020</i>

#### OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure			<i>0</i>	<i>0</i>	<i>1700</i>
<u>Flow Characteristics</u>					
Puff	Y / N	Y / N	Y / <i>(N)</i>	Y / <i>(N)</i>	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Accepted for recorded test not witnessed

Signature: <i>Chris Hope</i>	<b>OIL CONSERVATION DIVISION</b>
Print name:	Recorded online:
Title:	Re-test:
E-mail Address:	Phone #:
Date: <i>9/23/20</i>	Witness: