

AUG 28 2014

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Smith & Mares INC		API Number 30025298180002
Property Name SAN MAR Queen Unit		Well No. 008 ✓

Surface Location

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
⑨	1	17S	33E	✓	990	5	2310	E

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	8-12/14

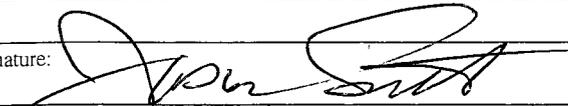
OBSERVED DATA

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

FOR RECORD ONLY

BS 9/6/2014

Signature: 	OIL CONSERVATION DIVISION
Printed name: JASON SMITH	Entered into RBDMS
Title: REP	Re-test
E-mail Address:	
Date:	Phone:
	Witness:

SEP 12 2014