

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

**SEP 12 2014**

**BRADENHEAD TEST REPORT**

**RECEIVED**

Operator Name <i>Prime Operations</i>		API Number <i>30-025-26965</i>
Property Name <i>Possh</i>		Well No. <i>2</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>F</i>	<i>36</i>	<i>24S</i>	<i>36E</i>						<i>Lea</i>

Well Status										
TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	PRODUCER	GAS	DATE
YES		<input checked="" type="radio"/>	YES		<input checked="" type="radio"/>	<input checked="" type="radio"/>				<i>8/22/2014</i>

OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>60</i>
<u>Flow Characteristics</u>					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ___
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ___
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ___
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					apples

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 9/16/2014*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8/22/2014</i>	Phone:
Witness: <i>[Signature]</i>	

SEP 19 2014

*f*