

OCT 08 2014

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>McDonnell Operations Inc.</i>		API Number <i>30-025-11173</i>
Property Name <i>Langley Jack #6</i>		Well No. <i>6</i>

Surface Location

UL - Lot <i>D</i>	Section <i>20</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>-</i>	N/S Line	Feet From	E/W Line	County <i>LRA</i>
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	OIL PRODUCER GAS	DATE <i>9/2/14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
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
					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 10/8/2014

Signature: <i>KR</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ken Rogers</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>9/2/14</i>	
Phone:	
Witness: <i>[Signature]</i>	

OCT 14 2014