

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>McDonnold Operations Inc.</i>		API Number <i>3002511279</i>
Property Name <i>Langley Jack A #4</i>		Well No. <i>#4</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>0</i>	<i>29</i>	<i>24S</i>	<i>37E</i>					<i>Lea</i>

Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>9/3/14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	$\emptyset$	$\emptyset$	$\emptyset$	$\emptyset$
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	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	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	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.

FOR RECORD ONLY

*BS 10/8/2014*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ken Rogers</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>9/3/14</i>	
Phone:	
Witness: <i>[Signature]</i>	

OCT 14 2014