

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

OCT 20 2014

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Laneco, Inc.</i>		API Number <i>300252 702 40000</i>	
Property Name <i>Buckskin Federal</i>		Well No. <i>2</i>	

1. Surface Location

UL - Lot <i>N</i>	Section <i>18</i>	Township <i>24</i>	Range <i>38</i>	Feet from <i>554</i>	N/S Line <i>FSL</i>	Feet From <i>1874</i>	E/W Line <i>FWL</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ INJECTOR ☒ SWD	OIL PRODUCER GAS	DATE <i>10/14/14</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Q</i>	<i>—</i>	<i>—</i>	<i>Q</i>	<i>200</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i> WTR <i>X</i> <i>Pw</i> GAS <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

- (A) No pressure @ start of test & none during or after test.
(D) No pressure @ start of test. Csg full of pkn fluid and pressure @ zero @ end of test. Start 540#, Final 505#.
(E) Tubing pressure @ 200 @ start of test & 200 @ end of test.

RECORD ONLY

BS 10/24/2014

Signature: <i>Charles L. Mann</i>		OIL CONSERVATION DIVISION
Printed name: <i>Charles L. Mann</i>		Entered into RBDMS
Title: <i>Prod. Supt.</i>		Re-test
E-mail Address:		
Date: <i>10/15/14</i>	Phone: <i>Office 575-395-3056</i>	
Witness: <i>Bill Sonnemaker</i>		

OCT 27 2014