

11/4/14

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Dugan Production</i>		API Number <i>30-005-10531</i>	
Property Name <i>Am Chaveroo</i>		Well No. <i>113</i>	

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet from	E/W Line	County
	<i>2</i>	<i>8</i>	<i>33</i>					<i>Chaves</i>

Well Status

TA'D WELL	YES	SHUT-IN	YES	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
	<i>NO</i>		<i>NO</i>	<i>INJ</i>					<i>10-16-2014</i>

OBSERVED DATA

	(A) Surface	(B) Intermit 1	(C) Intermit 2	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</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 ☐
Surgas	<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>	Waterford 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 11/4/2014

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>10/16/2014</i>	Phone:
Witness: <i>[Signature]</i>	

OCT 23 2014

NOV 05 2014

BY: