

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

BRADENHEAD TEST REPORT

Operator Name <i>Momentum Operations</i>						API Number <i>30-025-01720</i>			
Property Name <i>Leas Gates Unit</i>						Well No. <i>21</i>			
Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet from	E/W Line	County
	<i>13</i>	<i>20S</i>	<i>33E</i>	<i>-</i>					<i>Lea</i>

Well Status											
TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
		<i>(X)</i>			<i>(X)</i>	<i>(X)</i>					<i>11/4/2014</i>

OBSERVED DATA

	(A) Surface	(B) Intermit 1	(C) Intermit 2	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>2 1/4</i>	<i>2 1/4</i>	<i>0</i>	<i>700</i>
Flow Characteristics					
Puff	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	CO2 ☐
Steady Flow	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	WTR ☐
Surges	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	GAS ☐
Down to nothing	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	Type of Fluid
Gas or Oil	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	Injected for
Water	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	<i>(X)</i>	Water Cond 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 11/4/2014

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>11/4/2014</i>	Phone:
Witness: <i>George Brown</i>	

NOV 05 2014