

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

BRADENHEAD TEST REPORT

Operator Name <i>momentum OPERATING</i>					API Number <i>30-025-01724</i>				
Property Name <i>Texas Gates Unit</i>					Well No. <i>34</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>LCA</i>

Well Status

TA'D WELL	☒ YES	☐ NO	SHUT-IN	☒ YES	☐ NO	INJECTOR	☒ INJ	SWD	OIL	PRODUCER	GAS	DATE
												<i>11/4/2014</i>

OBSERVED DATA

	(A) Surface	(B) Intermittent	(C) Intermittent	(D) Production	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1000</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>	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>[Signature]</i>			

NOV 05 2014