

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>30-025-01734</i>
Property Name <i>TEAS GATES UNIT</i>	Well No. <i>91</i>

7. Surface Location

UL - Lot	Section <i>14</i>	Township <i>20S</i>	Range <i>33E</i>	Feet from	N/S Line	Feet From	E/W Line	County <i>LCA</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1375</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>	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 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