

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>30-025-28033</i>
Property Name <i>Leas Gates Unit</i>		Well No. <i>132</i>

Surface Location									
UL - Lot	Section <i>11</i>	Township <i>20S</i>	Range <i>33E</i>	Feet from	N/S Line	Feet From	E/W Line	County <i>Lea</i>	

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>			<i>Ø</i>	<i>225</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>George Lawrence</i>		

NOV 05 2014