

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

BRADENHEAD TEST REPORT

Operator Name <i>Seely O. Co.</i>	API Number <i>30-025-24436</i>
Property Name <i>Gulf ST.</i>	Well No. <i>1</i>

Surface Location

U/L - Lot <i>D</i>	Section <i>2</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	☒ NO	YES	SHUT-IN ☒ NO	INJ	INJECTOR	SWD	☒ OIL	PRODUCER	GAS	DATE <i>11/20/2014</i>
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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>20</i>
Flow Characteristics					
Fluid	<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 ☐
Burgas	<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
					applicable

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Pumping Unit

FOR RECORD ONLY

BS 11/21/2014

Signature: <i>W.K. Dean</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>11/20/2014</i>	Phone:
Witness: <i>James Brown</i>	

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