

Dec 3 2014 16:08

P003/004

HOBBS OCD

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

DEC 03 2014

BRADENHEAD TEST REPORT

33418

Operator Name: <u>W. B. STEVENSON</u>	API Number: <u>3002555718</u>
Property Name: <u>STATE 35 UNIT</u>	Well No.: <u>015</u>

* Surface Location								
U/L: <u>2</u>	Section: <u>35</u>	Township: <u>17-S</u>	Range: <u>34-E</u>	Foot From: <u>2521</u>	N/S Line: <u>S</u>	Foot From: <u>1955</u>	E/W Line: <u>W</u>	County: <u>Lea</u>

TAB WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJ INJ ☒	SWD ☐	PRODUCER ☒	GAS ☐	DATE <u>8-19-2014</u>
---	--	--	---------------------------------	---	---------------------------------	--------------------------

OBSERVED DATA

	(A) Surface	(B) Interval (1)	(C) Interval (2)	(D) Prod. Core	(E) Airline
Pressure	<u>0</u>			<u>100</u>	<u>180</u>
Flow Characteristics					
Foil	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Samples	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Separator
Water	Y/N	Y/N	Y/N	Y/N	Washed or

Remarks - Please state for each column (A, B, C, D, E) whether the condition was observed during the test or not. If the condition was not observed, please state "Not Observed".

well flowing
no unit.

FOR RECORD ONLY

ASBCD

Signature: <u>Jack Stevenson</u>	OIL CONSERVATION DIVISION
Printed name: <u>JACK STEVENSON</u>	Entered into RBDMS
Title: <u>Pump Rep</u>	Dr. test
E-mail Address:	
Date: <u>8-19-2014</u>	Phone: <u>575-631-1083</u>
Witness:	

Bill Lennan
OCD

DEC 03 2014

R