

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

BRADENHEAD TEST REPORT

Operator Name <i>Kevin O. Butler</i>		API Number <i>30-005-01161</i> ✓
Property Name <i>South Caprock Queen</i>		Well No. <i>15</i>

Surface Location									
UT. Lot <i>0</i>	Section <i>28</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet from <i>1580</i>	E/W Line <i>E</i>	County <i>Chaves</i>	

Well Status									
YES	TA'D WELL ☒ NO	YES	SHUT-IN ☒ NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>12/29/14</i>

OBSERVED DATA

	(A) Surface	(B) Interwell	(C) Interwell	(D) Prod. Case	TESTING
Pressure	<i>Ø</i>	<i>N/A</i>		<i>Ø</i>	<i>Ø</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 <i>X</i>
Surge	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to normal	<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>	Upstream
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Flowback if applicable

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

FOR RECORD ONLY

BS 12/31/2014

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test:
E-mail Address:	
Date: <i>12/29/14</i>	Phone:
Witness: <i>[Signature]</i>	

JAN 07 2015

[Signature]