

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

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy Production Co LP</i>		API Number <i>30-025-34577</i>
Property Name <i>Caballo 9 State</i>		Well No. <i>1</i>

Surface Location									
UL - Lot <i>E</i>	Section <i>9</i>	Township <i>23S</i>	Range <i>34E</i>		Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LA</i>

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>-9</i>	<i>-9</i>		<i>0</i>	<i>1000*</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☒
Surges	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	Injected for
Water	Y / N	Y / N	Y / N	Y / N	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.

Slight vacuum prod. csg, int. casing, surface csg.

BS 1-21-15

Signature: <i>Ruben Garcia</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>RUBEN.GARCIA@dun.com</i>	
Date: <i>1-20-15</i>	
Phone:	
Witness: <i>Bill Semanek OCJ</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 20 2015