

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

U/L	Lot	Section	Township	Range	Feet from	N/S Line	Feet from	E/W Line	County
	<i>0</i>	<i>28</i>	<i>14S</i>	<i>31E</i>	<i>330</i>	<i>5</i>	<i>1980</i>	<i>25</i>	<i>Chaves</i>

Well Status

YES	PAID WELL	YES	SHUT-IN	INJECTOR	PRODUCER	DATE
	<i>NO</i>		<i>NO</i>	<i>INI</i>		<i>12/29/14</i>

OBSERVED DATA

	(A) Surface	(B) Interval 1	(C) Interval 2	(D) Production	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Purge	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
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 <i>—</i>
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>	Upstream
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Downstream

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

BS 1/29/2015

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 20 2015