

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

BRADENHEAD TEST REPORT

Operator Name <i>Kevin O. Fuster</i>		API Number <i>30-025-27289</i>
Property Name <i>AETNA LEACS</i>		Well No. <i>2</i>

* Surface Location

UL - Lot <i>A</i>	Section <i>26</i>	Township <i>16S</i>	Range <i>38E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet from <i>990</i>	EAV Line <i>E</i>	County <i>Log</i>
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Well Status

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

	(A) Surface	(B) Interval 1	(C) Interval 2	(D) Production	(E) Tubing
Pressure		<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>650</i>
Flow Characteristics					
Fluid	Y/N	Y/N	Y/N	Y/N	CO2 <i>X</i>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <i>X</i>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <i>—</i>
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	Expected for
Water	Y/N	Y/N	Y/N	Y/N	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.

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 29 2015

[Signature]