

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>

2. 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>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR ☒ SWD	OIL ☐	PRODUCER GAS ☐	DATE <i>1-20-15</i>
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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.

Vacuum on Pro. Csg, Int + Surface - app 9 #

BS 2/10/2015

Signature: <i>Ruben Garcia</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>RUBEN.GARCIA@DEVN.COM</i>	
Date:	Phone:
Witness: <i>Bill Sanamala OGD</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 11 2015