

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

BRADENHEAD TEST REPORT

Operator Name <i>Devon</i>		API Number <i>30-025-34702</i>
Property Name <i>South Shore 3M 5115</i>		Well No. <i>2</i>

Surface Location

U/L Lot <i>H</i>	Section <i>15</i>	Township <i>17N</i>	Range <i>35E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet from <i>800</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒	YES ☒	SHUT-IN ☒	INJ ☒	INJECTOR ☒	SWD ☒	OIL ☒	PRODUCER ☒	DATE <i>2</i>
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OBSERVED DATA

	(A) Surface	(B) Interwell 1	(C) Interwell 2	(D) Production	(E) Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>30</i>
Flow Characteristics					
First	<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 ☐
Surge	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☒
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>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Transferred to

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

BS 2/10/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail/Address:	
Date: <i>1/20/2015</i>	Phone:
Well:	<i>30-025-34702</i>

FEB 11 2015