

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

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy Corp</i>	API Number <i>3002533521</i>
Property Name <i>Diamond Tail 24A Fed</i>	Well No. <i>15W</i>

Surface Location									
UL - Lot <i>E</i>	Section <i>24</i>	Township <i>23S</i>	Range <i>32E</i>		Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>

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

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>1100 #</i>	
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	<i>(Y) N</i>	WTR ___
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	<i>(Y) N</i>	<i>(Y) N</i>	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.

Failed - Casing pressure 1100# on Surface Casing

> Set the gas/vibration

2/12/15 JAS/DOO

BS 2/10/2015

Signature: <i>Wesley Ryan</i>	OIL CONSERVATION DIVISION
Printed name: <i>Wesley Ryan</i>	Entered into RBDMS
Title: <i>Asst Prod Foreman</i>	Re-test
E-mail Address: <i>wes-ryan@hotmail.com</i>	
Date: <i>1/20/15</i>	Phone:
Witness: <i>Bill Semanah OD</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 12 2015