

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

BRADENHEAD TEST REPORT

Operator Name <i>M. C. GOWAN</i>	API Number <i>30-025-02220</i> ✓
Property Name <i>STATE 35</i>	Well No. <i>19</i> ✓

Surface Location									
UL - Lot <i>K</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>N</i>	County <i>Lea</i> ✓

Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ	SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>2/24/15</i> ✓	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>35</i>	<i>35</i>
Flow Characteristics					
Pull	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 ☐
Steady Flow	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR ☐
Surges	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS ☐
Down to nothing	<i>Ø / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / Ø</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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

BS 2/25/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>2/24/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 26 2015