

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

BRADENHEAD TEST REPORT

Operator Name <i>M. Gowan</i>		API Number <i>30-025-28047</i>	
Property Name <i>State 35</i>		Well No. <i>6</i>	

Surface Location									
UL - Lot <i>C</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>1295</i>	N/S Line <i>N</i>	Feet From <i>2615</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	NO <i>(X)</i>	SHUT-IN YES	NO <i>(X)</i>	INJECTOR NO <i>(X)</i>	SWD	OIL	PRODUCER GAS	DATE <i>2/24/15</i>	

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1200</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 injected for waterflood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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>Don Gowan</i>			

INSTRUCTIONS ON BACK OF THIS FORM

FEB 26 2015