

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

BRADENHEAD TEST REPORT

Operator Name <i>McGowan</i>	API Number <i>30-025-28060</i>
Property Name <i>STATE 35</i>	Well No. <i>23</i>

1. Surface Location									
UL Lot <i>N</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1310</i>	N/S Line <i>S</i>	Feet From <i>1330</i>	E/W Line <i>W</i>	County <i>LCA</i>	

Well Status									
TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR YES ☐ NO ☒	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>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>1300</i>
Flow Characteristics					
Puff	<i>Y / φ</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / φ</i>	CO2 ☐
Steady Flow	<i>Y / φ</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / φ</i>	WTR ☒
Surges	<i>Y / φ</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / φ</i>	GAS ☐
Down to nothing	<i>φ / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>φ / N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y / φ</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / φ</i>	
Water	<i>Y / φ</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / φ</i>	

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

B8 2/26/2015

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