

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>30-025-28062</i>
Property Name <i>STATE 35</i>	Well No. <i>37</i>

Surface Location									
UL - Lot <i>P</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>10</i>	N/S Line <i>S</i>	Feet From <i>1210</i>	E/W Line <i>B</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	NO <i>Q</i>	SHUT-IN YES	NO <i>Q</i>	INJ <i>Q</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>Q</i>	<i>N/A</i>	<i>N/A</i>	<i>Q</i>	<i>1350</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>Q</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>Q</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>Q</i>
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>	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.

BL 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>Jorge Bon</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 26 2015