

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>30-025-34277</i>	
Property Name <i>State 35</i>		Well No. <i>38</i>	

Surface Location									
UL - Lot <i>I</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>		Feet from <i>1934</i>	N/S Line <i>S</i>	Feet From <i>560</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status									
YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ	INJECTOR <i>NO</i>	SWD	OIL <i>NO</i>	PRODUCER <i>NO</i>	GAS <i>NO</i>
									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>30</i>	<i>60</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/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/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</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 2/26/2015

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

INSTRUCTIONS ON BACK OF THIS FORM

FEB 26 2015