

HOBBBS OCD

MAR 11 2015

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

BRADENHEAD TEST REPORT

RECEIVED <i>GATES</i>		Operator Name				API Number <i>30-025-28805</i>			
		Property Name <i>Shooting Star SWD</i>				Well No. <i>1</i>			
Surface Location									
UL - Lat <i>5</i>	Section <i>11</i>	Township <i>18S</i>	Range <i>35E</i>		Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>LRA</i>
Well Status									
TA'D WELL YES ☒ NO		SHUT-IN YES ☒ NO		INJECTOR ☒ SWD		PRODUCER OIL GAS		DATE <i>3/11/15</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>0</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
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.

BS 3/18/2015

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>3/11/15</i>	Phone:		
Witness: <i>George Bow</i>			

INSTRUCTIONS ON BACK OF THIS FORM

MAR 18 2015