

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

HOBBS OGD

MAR 18 2015

BRADENHEAD TEST REPORT

Operator Name <i>James</i>	Well No. <i>30-025-31110</i>
Property Name <i>Red Horse SWD</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>0</i>	Section <i>2</i>	Township <i>16S</i>	Range <i>33E</i>	Feet from <i>3300</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO <i>NO</i>	SHUT-IN YES	NO <i>NO</i>	INJ INJECTOR	SWD <i>SWD</i>	OIL	PRODUCER	GAS	DATE <i>3/18/15</i>
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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>200#</i>	<i>700#</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
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.

Prod. Csg- 200# - would not blow down. JMB
BHT- Failure - repaired 3/31/2015
8AD/ocb
BS 3/27/2015

Signature: <i>Frank Moreno</i>	OIL CONSERVATION DIVISION
Printed name: <i>FRANK MORENO</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address:	
Date: <i>3/18/15</i>	Phone:
Witness: <i>John Rowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 13 2015