

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

MAY 08 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <b>FULFER OIL + CATTLE, LLC.</b>		API Number <b>30-025-11488</b>
Property Name <b>SOUTH LANGLIE JAL UNIT</b>		Well No. <b>4</b>

Surface Location

UL - Lot	Section <b>7</b>	Township <b>25S</b>	Range <b>37E</b>	Feet from	N/S Line <b>SOUTH</b>	Feet From <b>960'</b>	E/W Line <b>EAST</b>	County <b>LEA</b>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	PRODUCER OIL	GAS	DATE <b>4-29-15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	N/A	N/A	0	390
Flow Characteristics					
Puff	<input checked="" type="radio"/> N	Y/N	Y/N	<input checked="" type="radio"/> N	CO2
Steady Flow	<input checked="" type="radio"/> Y	Y/N	Y/N	<input checked="" type="radio"/> Y	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y	Y/N	Y/N	<input checked="" type="radio"/> Y	GAS <input checked="" type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y	Y/N	Y/N	<input checked="" type="radio"/> Y	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y	Y/N	Y/N	<input checked="" type="radio"/> Y	injected for
Water	<input checked="" type="radio"/> Y	Y/N	Y/N	<input checked="" type="radio"/> Y	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.

*JAD/OCD*  
 5/13/2015

Signature: <i>Gary W. Wink</i>	OIL CONSERVATION DIVISION
Printed name: <b>GARY W. WINK</b>	Entered into RBDMS
Title: <b>PRODUCTION FOREMAN</b>	Re-test
E-mail Address: <b>garywink@leaenergy.com</b>	
Date: <b>4/30/15</b>	
Phone:	
Witness: <i>George Dawe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 13 2015

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