

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

BRADENHEAD TEST REPORT

Operator Name <i>Sm Energy Company</i>	API Number <i>30-025-37368-00-00</i>
Property Name <i>East Shugart Delaware Unit</i>	Well No. <i>18</i>

Surface Location									
UL - Lot <i>D</i>	Section <i>19</i>	Township <i>18S</i>	Range <i>32E</i>		Feet from <i>200</i>	N/S Line <i>N</i>	Feet From <i>1025</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status										
TA'D WELL YES		SHUT-IN NO		INJECTOR <i>INJ</i>		PRODUCER OIL		GAS		DATE <i>5/22/2015</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>960</i>
Flow Characteristics	<i>No Pressure</i>	<i>No Pressure</i>			
Pull	<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.

FOR RECORD ONLY

BS 5/26/2015

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <i>Richard Inge</i>		
<i>OCD- Antosia</i>		

INSTRUCTIONS ON BACK OF THIS FORM

MAY 27 2015

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