

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>30-025-37418-00-00</i>
Property Name <i>East Shugart Delaware Unit</i>	Well No. <i>24</i>

7. Surface Location

UL - Lot <i>E</i>	Section <i>19</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>2125</i>	N/S Line <i>N</i>	Feet From <i>1100</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <i>(INJ)</i>	SWD	PRODUCER OIL	GAS	DATE
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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>1100</i>
Flow Characteristics	<i>No pressr</i>	<i>Puff</i>			
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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 Artesia</i>

INSTRUCTIONS ON BACK OF THIS FORM

MAY 27 2015