

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

MAY 28 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Faskin Oil</i>	API Number <i>30-025-02690</i>
Property Name <i>Cabot State SWD</i>	Well No. <i>1</i>

2 Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<i>1</i>	<i>7</i>	<i>15S</i>	<i>35E</i>		<i>1980</i>	<i>S</i>	<i>560</i>	<i>W</i>	<i>LJA</i>

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
YES	NO	YES	NO	INJ	SWD	OIL	GAS	<i>5/19/15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>660</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<i>Y</i> N	CO2
Steady Flow	Y / N	Y / N	Y / N	<i>Y</i> N	WTR
Surges	Y / N	Y / N	Y / N	<i>Y</i> N	GAS
Down to nothing	Y / N	Y / N	Y / N	<i>Y</i> N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<i>Y</i> N	Injected for
Water	Y / N	Y / N	Y / N	<i>Y</i> N	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 6/4/2015-

Signature: <i>Neil Weeks</i>	OIL CONSERVATION DIVISION
Printed name: <i>Neil Weeks</i>	Entered into RBDMS
Title: <i>Production Foreman</i>	Re-test
E-mail Address:	
Date: <i>5/19/15</i>	
Phone:	
Witness: <i>George Lowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUN 09 2015