

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>Fasked Oil</i>	API Number <i>30-025-05270</i>
Property Name <i>Denton SWD</i>	Well No. <i>2</i>

2. Surface Location

UL - Lot <i>E</i>	Section <i>10</i>	Township <i>153</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>2/A</i>	<i>2/A</i>	<i>φ</i>	<i>680</i>
Flow Characteristics					
Puff	<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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

B8 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: <i>neilw@ford.com</i>	
Date: <i>5/19/15</i>	Phone: <i>432-641-3136</i>
Witness: <i>George Dow</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUN 09 2015