

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

MAY 28 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>FASKEN OIL</i>	API Number <i>30-025-36333</i>
Property Name <i>Buckeye 1 State</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>D</i>	<i>1</i>	<i>17S</i>	<i>34E</i>		<i>820</i>	<i>N</i>	<i>1310</i>	<i>W</i>	<i>LEA</i>

Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR INJ	SWD	PRODUCER <i>OIL</i>	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>φ</i>	<i>2/A</i>	<i>55</i>	<i>30</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

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Pumping Well

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: <i>neil@weforl.com</i>	
Date: <i>5/19/15</i>	
Phone: <i>432-661-3136</i>	
Witness: <i>George Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUN 09 2015