

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>FASKEO OIL</i>	API Number <i>30-025-05306</i>
Property Name <i>Denton SWD</i>	Well No. <i>3</i>

Surface Location

UL - Lot <i>M</i>	Section <i>12</i>	Township <i>15S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES <i>NO</i>	SHUT-IN YES <i>NO</i>	INJECTOR INJ. <i>SWD</i>	PRODUCER OIL <i>SWD</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>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>800</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
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.

Prod. csg. Slight VAC @ 10 sec to zero. JWB.

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>neilw@Forl.com</i>	
Date: <i>5/19/15</i>	Phone: <i>432-661-3136</i>
Witness: <i>Scay - Bow</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUN 09 2015