

HOBBS OCD

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

JUN 11 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Texas Oil Company</i>	*API Number <i>30-025-31171</i>
Property Name <i>Shell State</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>1</i>	Section <i>18</i>	Township <i>17S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet from <i>660</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	INJ NO	INJECTOR SWD	<u>OIL</u> PRODUCER	GAS	DATE <i>6/10/15</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>0</i>		<i>40</i>	<i>0</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.

was not pumping.

Bill Sammons 6/11/2015

Signature: <i>Chip Meyers</i>	OIL CONSERVATION DIVISION
Printed name: <i>Chip Meyers</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>6-10-15</i>	Phone:
Witness: <i>Bill Sammons</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUN 17 2015

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