

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

BRADENHEAD TEST REPORT

Operator Name <i>Nordstrand Engr., Inc</i>	API Number <i>30-025-23581</i>
Property Name <i>Walden</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>A</i>	Section <i>21</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>879</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 INJECTOR	SWD	☒ OIL PRODUCER	GAS	DATE <i>6/25/2015</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>30</i>	<i>50</i>
Flow Characteristics					
Pull	☒ Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	☒ Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

BS 6/25/15

Signature: <i>William K Dean</i>	OIL CONSERVATION DIVISION
Printed name: <i>WILLIAM K DEAN</i>	Entered into RBDMS
Title: <i>LEASE OPER.</i>	Re-test
E-mail Address: <i>575-631-5010 or 5011</i>	
Date: <i>6/25/15</i>	Phone:
Witness: <i>Bill Samanah</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 01 2015