

JUL 14 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>Apache Oil Corp.</b>		API Number <b>30-025-06766</b>	
Property Name <b>NEDU</b>		Well No. <b>915</b>	

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>J</b>	<b>23</b>	<b>21S</b>	<b>37E</b>	<b>1980</b>	<b>S</b>	<b>1980</b>	<b>E</b>	<b>Lea</b>

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <b>3-21-15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<b>200</b>	<b>Ø</b>	<b>N/A</b>	<b>Ø</b>	<b>1150</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

Surface - Packer fluid blowdown 2mins.

BS 7/28/2015

Signature: <i>Tracy Cole</i>	OIL CONSERVATION DIVISION
Printed name: <b>Tracy Cole</b>	Entered into RBDMS
Title: <b>Pumper</b>	Re-test
E-mail Address: <b>tracy.cole@apache.corp.com</b>	
Date: <b>3-21-15</b>	Phone: <b>575-441-5196</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015  
 AUG 04 2015

*[Handwritten Signature]*