

AUG 03 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seely Oil</i>					API Number <i>30-025-02350</i>				
Property Name <i>E.K. Queen wt.</i>					Well No. <i>67</i>				
7. Surface Location									
UL - Lot <i>E</i>	Section <i>19</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>610</i>	E/W Line <i>W</i>	County <i>LJA</i>	

Well-Status

TA'D WELL ☒ YES ☒ NO	SHUT-IN ☒ YES ☒ NO	INJECTOR ☒ INJ ☐ SWD	OIL PRODUCER ☐ OIL ☐ GAS	DATE <i>7/13/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>2300</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>X</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
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
					applies

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

BS 8/20/2015

Signature: <i>Shellie Davis</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Shellie Davis</i>		Entered into RBDMS <i>MD</i>	
Title: <i>Production Analyst</i>		Re-test	
E-mail Address: <i>sdavis@seelyoil.com</i>			
Date: <i>7/13/15</i>	Phone: <i>817-939-2661</i>		
Witness: <i>Spang</i>			

INSTRUCTIONS ON BACK OF THIS FORM

AUG 28 2015