

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

AUG 10 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Logan</i>	API Number <i>30-005-00904</i>
Property Name <i>Rock Queen</i>	Well No. <i>9D</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>34</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well-Status

TA'D WELL YES	SHUT-IN NO	INJECTOR NO	PRODUCER OIL	DATE <i>7/30/15</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>750</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.

Signature:	<i>BS 8/29/2015</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>7/30/15</i>	Phone:	
Witness: <i>Logan</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015