

AUG 10 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Logan</i>	API Number <i>30-005-29109</i>
Property Name <i>Rock Quar</i>	Well No. <i>701</i>

Surface Location									
UL - Lot <i>D</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>3E</i>	Feet from <i>100</i>	N/S Line <i>2</i>	Feet From <i>130S</i>	E/W Line <i>W</i>	County <i>Chaves</i>	

Well Status								DATE			
YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	SWD	OIL	PRODUCER	GAS	<i>7-30-15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>890</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>X</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
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>B8 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>George Brown</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015