

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>Lisa</i>						API Number <i>30-005-29192</i>				
Property Name <i>Rock Queen</i>						Well No. <i>301</i>				
Surface Location										
UL - Lot <i>D</i>	Section <i>25</i>	Township <i>13S</i>	Range <i>31E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>860</i>	E/W Line <i>W</i>	County <i>Chaves</i>	
Well Status										
TA'D WELL YES ☒ NO ☒		SHUT-IN YES ☒ NO ☒		INJECTOR <i>INJ</i>		SWD ☒		PRODUCER OIL ☒ GAS ☒		DATE <i>7/30/15</i>

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>1045</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☒
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☒
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>Signy Dow</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015