

Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Cheyenne Water Disposal</i>		API Number <i>30-025-34593</i>
Property Name <i>Goodwin State</i>		Well No. <i>1</i>

Surface Location

Lot <i>8</i>	Section <i>6</i>	Township <i>19S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TAPED WELL YES	NO	SHUT-IN YES	NO	INJECTOR INI	<u>SWD</u>	PRODUCER OIL	GAS	DATE <i>8/18/2015</i>
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>NA</i>			<i>0</i>	<i>1000</i>
<u>Flow Characteristics</u>					
Puff	Y / N	Y / N	Y / N	<u>Y</u> / N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☒
Surges	Y / N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y / N	Y / N	Y / N	<u>Y</u> / N	Type of fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Induced by
Water	Y / N	Y / N	Y / N	Y / N	Water flood if applies

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

HOBBS OCD

AUG 19 2015

RECEIVED

Signature: <i>Bill Hicks</i>		<i>BS 8/30/2015</i>
Printed name: <i>BILL HICKS</i>		OIL CONSERVATION DIVISION
Title: <i>President</i>		Entered into RBDMS
Email Address: <i>BILL.HICKS@charman.com</i>		Re-test
Date: <i>8-18-15</i>	Phone: <i>575-897-3270</i>	
Witness: <i>Bill Hernandez</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015