

From:

09/01/2015 07:56

#304 P.003/004

District I
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Phone: (575) 393-6161 Fax: (575) 393-0720

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

HOBBS OCD

SEP 02 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Key Energy Serv</i>	API Number <i>30-025-08815-0200</i>
Property Name <i>JH Day</i>	Well No. <i>#1</i>

Surface Location									
UL - Lot <i>C</i>	Section <i>6</i>	Township <i>22S</i>	Range <i>36E</i>		Feet from <i>660</i>	N/S Line <i>N</i>	Feet from <i>198W</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status							
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR INJ	<i>SWD</i>	OIL PRODUCER GAS	DATE <i>8-11-15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Q</i>	<i>Q</i>		<i>Q</i>	<i>480</i>
Flow Characteristics					
Pull	<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>✓</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>N. L. LORAND</i>	OIL CONSERVATION DIVISION
Printed name: <i>N. L. LORAND</i>	Entered into RBDMS
Title: <i>SWD Supervisor</i>	Re-test
E-mail Address: <i>N.LORAND@KEY Energy.com</i>	
Date: <i>8-11-15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 09 2015