

AUG 03 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seely Oil</i>	API Number <i>30-025-01635</i>
Property Name <i>EX Queen Unit</i>	Well No. <i>26</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>24</i>	Township <i>BS</i>	Range <i>34E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well-Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	SWD	OIL PRODUCER OIL ☒ GAS ☐	DATE <i>7/13/15</i>
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*(Expired Status)
Prod Reptd.*

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>Ø</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>Ø/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Ø/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>Shellie Davis</i>	<i>BS 8/20/2015</i>
Printed name: <i>Shellie Davis</i>	OIL CONSERVATION DIVISION
Title: <i>Production Analyst</i>	Entered into RBDMS
E-mail Address: <i>sdavis@seelyoil.com</i>	Re-test
Date: <i>7/13/15</i>	
Phone: <i>817-332-1377</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

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SEP 18 2015