

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

SEP 08 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>CANO</i>		API Number <i>30-005-29031</i>	
Property Name <i>CATO S.A.U</i>		Well No. <i>854</i>	

7. Surface Location

UL - Lot <i>0</i>	Section <i>11</i>	Township <i>8S</i>	Range <i>30E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1924</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>NO</i>	SWD	OIL PRODUCER GAS	DATE <i>8/25/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>2/A</i>	<i>2/A</i>	<i>0</i>	<i>1100</i>
Flow Characteristics					
Puff	<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>X</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>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Robert McKenzie</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Robert McKenzie</i>		Entered into RBDMS	
Title: <i>SR. Field Ops Mgr.</i>		Re-test	
E-mail Address: <i>Robert.mckenzie@nbs-services.com</i>			
Date: <i>8/25/15</i>	Phone: <i>432-425-3150</i>		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 25 2015