

SEP 14 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Bettis Boyles Stoval</i>	API Number <i>30-025-23804</i>
Property Name <i>PATSY B</i>	Well No. <i>001</i>

7. Surface Location

UL - Lot <i>C</i>	Section <i>20</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>1980</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	INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE <i>8/28/15</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>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</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>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/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>W.E. Armstrong</i>	OIL CONSERVATION DIVISION Entered into RBDMS Re-test	
Printed name: <i>W.E. Armstrong</i>		
Title:		
E-mail Address:		
Date: <i>8/28/15</i>	Phone: <i>940-549-0740</i>	
Witness: <i>John Brown</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 25 2015