

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

SEP 14 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>K. D. Butler</i>	API Number <i>30-005-00658</i>
Property Name <i>South Caprock Pacer</i>	Well No. <i>10</i>

7. Surface Location

UL - Lot <i>5</i>	Section <i>30</i>	Township <i>15S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR ☒ INJ	SWD	OIL	PRODUCER	GAS	DATE <i>9/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	ϕ	ϕ	<i>2/A</i>	ϕ	<i>90</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>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>Jimmy J Reynolds</i>	<i>BS 9/25/15</i> OIL CONSERVATION DIVISION
Printed name: <i>Jimmy J Reynolds</i>	Entered into RBDMS
Title: <i>Field Supt.</i>	Re-test
E-mail Address:	
Date: <i>9/9/15</i>	Phone:
Witness: <i>[Signature]</i>	

SEP 28 2015

INSTRUCTIONS ON BACK OF THIS FORM