

SEP 14 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Shackelford O.I.</i>	API Number <i>30-025-0760-0000</i>
Property Name <i>Ch. Loomis</i>	Well No. <i>1</i>

Surface Location									
UL - Lot <i>F</i>	Section <i>23</i>	Township <i>20 S</i>	Range <i>33 E</i>		Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ SWD	PRODUCER OIL ☒ GAS	DATE <i>8-3-15</i>					

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</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 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>Clay Houston</i>	<i>B8 9/25/15</i> OIL CONSERVATION DIVISION
Printed name: <i>Clay Houston</i>	Entered into RBDMS
Title: <i>Operations</i>	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <i>[Signature]</i>	