

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

SEP 23 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Momentum Operating</i>	API Number <i>32-025-28031-00 00</i>
Property Name <i>Tears Yates Unit</i>	Well No. <i># 84</i>

7. Surface Location

UL - Lot <i>2</i>	Section <i>13</i>	Township <i>20S</i>	Range <i>33E</i>	Feet from <i>2250</i>	N/S Line <i>S</i>	Feet From <i>975</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒	SHUT-IN YES ☒	INJECTOR ☒	SWD	PRODUCER OIL	GAS	DATE <i>8-17-15</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>0</i>	<i>1000</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>John Smith</i>	<i>B89/25/2015</i> OIL CONSERVATION DIVISION
Printed name: <i>John Smith</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address: <i>jsmith@plateautel.net</i>	
Date: <i>8-17-15</i>	
Phone: <i>575-390-2051</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 28 2015