

OCT 05 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Larry Marker DBA Marker O.I.</i>		API Number <i>30-025-27944-00 07</i>	
Property Name <i>Casa State</i>		Well No. <i># 1</i>	

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>28</i>	<i>17 S</i>	<i>34 E</i>	<i>1780</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/>	PRODUCER <input checked="" type="radio"/>	DATE
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>2</i>			<i>2</i>	<i>2</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / N	WTR ___
Surges	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / N	
Water	Y / <input checked="" type="radio"/>	Y / N	Y / N	Y / N	

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

Signature: <i>Larry Marker</i>	<i>BS 10/9/15</i>
Printed name: <i>LARRY MARKER</i>	OIL CONSERVATION DIVISION
Title: <i>operator</i>	Entered into RBDMS
E-mail Address: <i>LarryM_gdc@hotmail.com</i>	Re-test
Date: <i>8/4/15</i>	
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 13 2015

GC  
8.14