

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

OBRS 2015

OCT 13 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Paladin</i>	API Number <i>30-025-34239</i>
Property Name <i>St. C</i>	Well No. <i>3</i>

7. Surface Location

UL - Lot <i>E</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>38E</i>	Feet from <i>1550</i>	N/S Line <i>N</i>	Feet From <i>10</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>	DATE <i>10/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</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 <input checked="" type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input checked="" type="checkbox"/>
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>R.L. Pete Stull</i>	OIL CONSERVATION DIVISION
Printed name: <i>R.L. "Pete" Stull</i>	Entered into RBDMS <i>LB</i>
Title:	Re-test
E-mail Address:	
Date: <i>10/9/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 20 2015

*Imp IN*