

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

OCT 13 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Cimcoax</i>	API Number <i>30-025-35598</i>
Property Name <i>Red Hills SWD</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>28</i>	Township <i>25S</i>	Range <i>33E</i>	Feet from <i>660</i>	N/S Line <i>5</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>10/14/15</i>
--	--	--	---	-------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>n/a</i>	<i>n/a</i>	<i>0</i>	<i>1500</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☒
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>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>Jared Swenson</i>	OIL CONSERVATION DIVISION	
Printed name: <i>Jared Swenson</i>	Entered into RBDMS	<i>6B</i>
Title: <i>Assistant Foreman</i>	Re-test	
E-mail Address:		
Date: <i>10/14/15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

OCT 20 2015