

OCT 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>midland</i>	API Number <i>30-025-11223</i>
Property Name <i>Langlie MATTIX Woolworth</i>	Well No. <i>302</i>

Surface Location

UL - Lot <i>H</i>	Section <i>28</i>	Township <i>24</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

YES <input checked="" type="checkbox"/> TA'D WELL	NO <input checked="" type="checkbox"/> SHUT-IN	NO <input checked="" type="checkbox"/> INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>10/19/15</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>500</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input 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 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>Cam Robbins</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cam Robbins</i>	Entered into RBDMS <i>GB</i>
Title:	Re-test
E-mail Address:	
Date: <i>10/19/15</i>	Phone:
Witness: <i>George Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 22 2015

GB