

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

BRADENHEAD TEST REPORT

Operator Name <i>RAM</i>		API Number <i>30-025-30231</i>
Property Name <i>WD 9 SU</i>		Well No. <i>113</i>

Surface Location

UL - Lot <i>C</i>	Section <i>31</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>2360</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒	SWD ☐	OIL ☐	PRODUCER GAS ☐	DATE <i>10/27/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>460</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>CK</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Chris Lawrence</i>		Entered into RBDMS	
Title: <i>SL Production Foreman</i>		Re-test	
E-mail Address:			
Date: <i>10/27/15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

NOV 4 2015