

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>30-025-30305</i>	
Property Name <i>WDQSU</i>		Well No. <i>148</i>	

Surface Location

UL - Lot <i>M</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>700</i>	N/S Line <i>S</i>	Feet From <i>550</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO <i>(circled)</i>	SHUT-IN YES	NO <i>(circled)</i>	INJECTOR INJ <i>(circled)</i>	SWD	PRODUCER OIL	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>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>880</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>X</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies. <i>(check)</i>
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Chris Lamb</i>		B.S. 11/3/15	
Printed name: <i>Chris Lamb</i>		OIL CONSERVATION DIVISION	
Title: <i>SR. Production Foreman</i>		Entered into RBDMS <i>HOBBS OCD BS</i>	
E-mail Address:		Re-test <i>OCT 28 2015</i>	
Date: <i>10/27/15</i>	Phone:		
Witness: <i>John Brown</i>			

INSTRUCTIONS ON BACK OF THIS FORM

NOV 04 2015

gmb
FW