

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

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	<i>10/27/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	<i>N/A</i>	<i>N/A</i>	\emptyset	<i>830</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 Injected for Waterflood if applies <input checked="" type="checkbox"/>
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>CLF</i>	OIL CONSERVATION DIVISION Entered into RBDMS <i>HOBBS OCD BS</i> Re-test <i>OCT 28 2015</i>
Printed name: <i>Chris Lambros</i>	
Title: <i>SR. Production Foreman</i>	
E-mail Address:	
Date: <i>10/27/15</i>	
Phone:	
Witness: <i>John Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 04 2015

John Brown
FW