

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

BRADENHEAD TEST REPORT

Operator Name <i>BTA</i>		API Number <i>30-025-27960</i>	
Property Name <i>Byers 8605</i>		Well No. <i>2</i>	

Surface Location

UL - Lot <i>6</i>	Section <i>23</i>	Township <i>20S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>1780</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>8/24/15</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>1200</i>
Flow Characteristics					
Pull	<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>Pam Inskeep</i>		OIL CONSERVATION DIVISION	
Printed name: Pam Inskeep		Entered into RBDMS <i>CB</i>	
Title: Regulatory Administrator		Re-test	
E-mail Address: pinskeep@btaoil.com			
Date: <i>8/24/15</i>	Phone: 432-682-3753		
Witness: <i>Spencer Lowe</i>			

INSTRUCTIONS ON BACK OF THIS FORM

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