

HOBBS OCD

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

NOV 06 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Membrane</i>	API Number <i>30-025-40152</i>
Property Name <i>Red Hills West SWP</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>16</i>	Township <i>26S</i>	Range <i>32E</i>	Feet from <i>200</i>	N/S Line <i>S</i>	Feet From <i>690</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☒ NO ☐	INJ INJ ☐	INJECTOR SWD ☒	OIL PRODUCER OIL ☐	GAS GAS ☐	DATE <i>11/6/15</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>φ</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>Chad Cole</i>	OIL CONSERVATION DIVISION
Printed name: <i>Chad Cole</i>	Entered into RBDMS <i>GB</i>
Title: <i>Lease Operator</i>	Re-test
E-mail Address:	
Date: <i>11/6/15</i>	
Phone:	
Witness: <i>Signer</i>	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 18 2015

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