

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

BRADENHEAD TEST REPORT

Operator Name 06 SWD LLC		API Number 30-025-21800
Property Name STATE AK SWD		Well No. 1

Surface Location

UL - Lot N	Section 10	Township 11S	Range 33E	Feet from 660	N/S Line S	Feet From 1980	E/W Line W	County LOA
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJ <input checked="" type="radio"/>	INJECTOR SWD	OIL PRODUCER <input checked="" type="radio"/>	GAS <input checked="" type="radio"/>	DATE 10/30/15
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	ϕ	ϕ	N/A	ϕ	ϕ
Flow Characteristics					
Puff	<input checked="" type="radio"/> N	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	GAS <input checked="" type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Injected for
Water	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	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:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 10/30/15	Phone:	
Witness: [Signature]		

INSTRUCTIONS ON BACK OF THIS FORM

NOV 18 2015