

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

YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER	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 <i>—</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.
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>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 23 2015

NOV 18 2015

MB
TD