

NOV 19 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Justin Wall</u>	Property Name <u>TRAU Trinity Burrus Aco</u>	*API Number <u>3002536251</u>
Well No. <u>16</u>		

2 Surface Location

UL - Lot <u>L</u>	Section <u>23</u>	Township <u>12S</u>	Range <u>38E</u>	Feet from <u>1980</u>	N/S Line <u>S</u>	Feet From <u>1610</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	☒ INJ	INJECTOR SWD	OIL PRODUCER	GAS	DATE <u>8-6-15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	<u>0</u>	<u>500</u>		<u>500</u>	<u>500</u>
Flow Characteristics					
Pull	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	CO2 ☐
Steady Flow	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	WTR ☐
Surges	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	GAS ☐
Down to nothing	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	
Water	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	☒ Y ☒ N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Will have vac. Truck Bled off Water on Int. Casing
bled to to zero.

Signature: <u>[Signature]</u>	OIL CONSERVATION DIVISION
Printed name: <u>Justin Wall</u>	Entered into RBDMS <u>BS</u>
Title: <u>FSA</u>	Re-test
E-mail Address: <u>LSYK@Chevron.com</u>	
Date: <u>8-6-15</u>	Phone: <u>575-704-6224</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 30 2015