

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

BRADENHEAD TEST REPORT

Operator Name <i>Smith & Maras</i>		API Number <i>30-025-11195</i>	
Property Name <i>Cockland Myers</i>		Well No. <i>2</i>	

Surface Location

UL - Lot <i>P</i>	Section <i>22</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	PRODUCER OIL	GAS	DATE <i>11/24/15</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>φ</i>	<i>n/a</i>	<i>φ</i>	<i>40</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Type of Fluid
Gas or Oil	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	Injected for
Water	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input checked="" type="radio"/> 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: <i>Jason Smith</i>		OIL CONSERVATION DIVISION	
Printed name: <i>JASON Smith</i>		Entered into RBDMS <i>CP</i>	
Title:		Re-test	
E-mail Address:			
Date: <i>11/24/15</i>	Phone:		
Witness: <i>James Bower</i>			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 02 2015