

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

BRADENHEAD TEST REPORT

Operator Name <i>Smith + Masas</i>	API Number <i>30-025-29951</i>
Property Name <i>Sammel Quicer</i>	Well No. <i>3</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>K</i>	<i>1</i>	<i>175</i>	<i>33E</i>	<i>1900</i>	<i>S</i>	<i>2310</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJECTOR	SWD	OIL PRODUCER	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>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>250</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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.

*BS 12/1/15*

Signature: <i>Jason Smith</i>	OIL CONSERVATION DIVISION
Printed name: <i>JASON SMITH</i>	Entered into RBDMS <i>GBB</i>
Title:	Re-test
E-mail Address:	
Date: <i>11/24/15</i>	Phone:
Witness: <i>Jason B...</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 02 2015