

NOV 24 2015

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District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

Operator Name <i>L. J. J. J.</i>	*API Number <i>30-005-25160</i>
Property Name <i>Rock Creek</i>	Well No. <i>702</i>

## 2 Surface Location

UL - Lot <i>C</i>	Section <i>36</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>100</i>	N/S Line <i>N</i>	Feet From <i>2628</i>	E/W line <i>W</i>	County <i>Chaves</i>
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## Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER GAS <input type="checkbox"/>	DATE <i>7/30/15</i>
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## OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(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 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input 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.

*Shut-in - JAB*

*BS 12/9/15*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>GB</i>
Title:	Re-test
E-mail Address:	
Date: <i>7/30/15</i>	Phone:
Witness: <i>Gregory Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015