

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

DEC 09 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>OKY</i>	API Number <i>30-025-12386</i>
Property Name <i>WDDY</i>	Well No. <i>110</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>B</i>	<i>5</i>	<i>25S</i>	<i>38E</i>	<i>660</i>	<i>N</i>	<i>1780</i>	<i>E</i>	<i>Lea</i>

Well Status

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> INJECTOR	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL PRODUCER	<input type="checkbox"/> GAS	DATE <i>12/8/15</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>300 → φ</i>	<i>300-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.

*T/A well - csg - 300# fluid - Blew down to truck - 5-sec to zero*

*B8 12/9/15*

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Albert Flores</i>	Entered into RBDMS <i>GB</i>
Title:	Re-test
E-mail Address:	
Date: <i>12/8/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015

*[Handwritten initials]*