

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>Seely</i>					API Number <i>30-025-35000</i>				
Property Name <i>E-K Queen</i>					Well No. <i>10</i>				
Surface Location									
UL - Lot <i>I</i>	Section <i>13</i>	Township <i>18S</i>	Range <i>33E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>Lea</i>	
Well Status									
TA'D WELL <i>YES</i>	<i>NO</i>	SHUT-IN <i>NO</i>	<i>NO</i>	INJ <i>NO</i>	SWD	OIL	GAS	DATE <i>12/7/15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>2200</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	<i>Y</i> N	CO2
Steady Flow	Y / N	Y / N	Y / N	<i>Y</i> N	WTR <i>X</i>
Surges	Y / N	Y / N	Y / N	<i>Y</i> N	GAS
Down to nothing	Y / N	Y / N	Y / N	<i>Y</i> N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<i>Y</i> N	Injected for
Water	Y / N	Y / N	Y / N	<i>Y</i> 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>Steve Clingman</i>	<i>B8 12/9/15</i>
Printed name: <i>Steve Clingman</i>	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <i>WB</i>
E-mail Address:	Re-test
Date: <i>12/7/15</i>	
Phone:	
Witness: <i>John Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 11 2015

IN
WB