

HOBBS OCD

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

DEC 11 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Yates Petroleum Corporation</i>	API Number <i>30-023-31412</i>
Property Name <i>Union AJS Fudem</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>J</i>	Section <i>8</i>	Township <i>21S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	<u><i>SWD</i></u>	PRODUCER OIL	GAS	DATE <i>6/24/2015</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

PERFORMED PRESSURE TEST 500 PSI ON CASING.

Signature: <i>Fabian Sanchez</i>	<i>BS 12/11/2015</i> OIL CONSERVATION DIVISION
Printed name: <i>Fabian Sanchez</i>	Entered into RBDMS <i>BS</i>
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>6/24/15</i>	Phone: <i>(575) 616-1226</i>
Witness: <i>Bill Fernandez</i>	<i>OCD</i>

INSTRUCTIONS ON BACK OF THIS FORM

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