

DEC 07 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>WARRIOR</u>	API Number <u>30-025-03857</u>
Property Name <u>ST. E</u>	Well No. <u>21</u>

2. Surface Location

UL - Lot <u>B</u>	Section <u>2</u>	Township <u>17S</u>	Range <u>36E</u>	Feet from <u>660</u>	N/S Line <u>N</u>	Feet From <u>1650</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJECTOR INJ	☒ SWD	PRODUCER OIL	GAS	DATE <u>11/10/15</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	n/a	n/a	ϕ	ϕ
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
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/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:	<u>BB 12/19/15</u>
Printed name:	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <u>UB</u>
E-mail Address:	Re-test
Date: <u>11/10/15</u>	Phone:
Witness: <u>Stan Lowe</u>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 14 2015