

DEC 18 2015

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

BRADENHEAD TEST REPORT

Operator Name <i>Kevin O. Butler</i>	API Number <i>30-025-22454</i>
Property Name <i>E.B. Anderson</i>	Well No. <i>2</i>

2. Surface Location

UL - Lot <i>m</i>	Section <i>6</i>	Township <i>13S</i>	Range <i>38E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ ☒ INJECTOR ☒ SWD	OIL PRODUCER GAS	DATE <i>12-17-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>246</i>		<i>12</i>	<i>625</i>
Flow Characteristics					
Puff	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.

Bleed out Csg Full Wtr on Prod Csg when Opened

BS 12/22/15

Signature: <i>James Reynolds</i>	OIL CONSERVATION DIVISION
Printed name: <i>James Reynolds</i>	Entered into RBDMS <i>BS</i>
Title: <i>Field Supt</i>	Re-test
E-mail Address:	
Date: <i>12-17-15</i>	Phone: <i>432-741-9484</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015