

DEC 18 2015

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Kevin Q. Butler</i>	API Number <i>30.025-23089</i>
Property Name <i>Maxwell</i>	Well No. <i>2</i>

1. Surface Location

UL - Lot <i>E</i>	Section <i>6</i>	Township <i>13S</i>	Range <i>38E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>Lea</i>
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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>2#</i>	<i>Puff</i>		<i>Puff</i>	<i>1480#</i>
Flow Characteristics					
Puff	☒ N	☒ N	Y / N	☒ N	CO2 ☐
Steady Flow	Y / ☒	Y / ☒	Y / N	Y / ☒	WTR ☐
Surges	Y / ☒	Y / ☒	Y / N	Y / ☒	GAS ☐
Down to nothing	☒ N	☒ N	Y / N	☒ N	Type of Fluid
Gas or Oil	Y / ☒	Y / ☒	Y / N	Y / ☒	Injected for
Water	☒ N	Y / ☒	Y / N	☒ 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.

1/2 Gal. WTR Bleed out of Csg when opened-

BS 12/22/15

Signature: <i>Jim Reynolds</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jim 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