

DEC 18 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Kevin D Butler</i>	API Number <i>30-025-27789</i>
Property Name <i>Aetna Eaves</i>	Well No. <i>2</i>

Surface Location

UL - Lot <i>A</i>	Section <i>26</i>	Township <i>16S</i>	Range <i>38E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>990 L</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	OIL PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>12-18-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>8"</i>	<i>8" Puff</i>		<i>3"</i>	<i>680"</i>
Flow Characteristics					
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	
Water	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	Y / N	<input checked="" type="radio"/> Y <input type="radio"/> N	

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

*Surface Csg & Prod Csg - Blew Right Down*

*BS 12/22/15*

Signature: <i>Gimmie Reynolds</i>	OIL CONSERVATION DIVISION
Printed name: <i>Gimmie Reynolds</i>	Entered into RBDMS <i>BS</i>
Title: <i>Field Supt.</i>	Re-test
E-mail Address:	
Date: <i>12-18-15</i>	Phone: <i>432-741-9484</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015