

AUG 26 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 <u>Justin Wall</u>	API Number <u>3002530106</u>
Property Name <u>TBAU</u>	Well No. <u>21</u>

Surface Location

UL - Lot <u>N</u>	Section <u>23</u>	Township <u>12S</u>	Range <u>38E</u>	Feet from <u>330</u>	N/S Line <u>S</u>	Feet from <u>1650</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ SWD	OIL PRODUCER OIL ☒ GAS	DATE <u>8-6-15</u>
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OBSERVED DATA

	(A) Surface	(B) Interim (1)	(C) Interim (2)	(D) Production	(E) Tubing
Pressure	<u>0</u>	<u>400</u>		<u>200</u>	<u>0</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u> </u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u> </u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u> </u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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.

Will have water Bled down By Vactruck and 24 hr test
Bled can to zero

Signature: <u>Justin Wall</u>	<u>B8 8/26/15</u>
Printed name: <u>Justin Wall</u>	OIL CONSERVATION DIVISION
Title: <u>FSA</u>	Entered into RBDMS
E-mail Address: <u>LJYK@Chevron.com</u>	Re-test
Date: <u>8-6-15</u>	
Phone: <u>575 7046224</u>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 07 2016