

AUG 26 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Justin Wall</u>	*API Number <u>3002536251</u>
Property Name <u>TBAU</u>	Well No. <u>16</u>

2. Surface Location

UL - Lot <u>L</u>	Section <u>23</u>	Township <u>12S</u>	Range <u>38E</u>	Feet from <u>1980</u>	N/S Line <u>S</u>	Feet From <u>1680</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	☒ INJ	SWD	OIL	PRODUCER GAS	DATE <u>8-6-15</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod/Csng	(E) Tubing
Pressure	<u>0</u>	<u>500</u>		<u>50020</u>	<u>500</u>
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 Water/Oil 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.

Will have vac. Truck Bled off Water on Int. Casing
bled to to zero.

Signature: <u>Justin Wall</u>	Oil Conservation Division
Printed name: <u>Justin Wall</u>	Entered into RBDMS
Title: <u>FSA</u>	Re-test
E-mail Address: <u>LSYK@Chevron.com</u>	
Date: <u>8-6-15</u>	Phone: <u>575-704-6224</u>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 07 2016