

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

BRADENHEAD TEST REPORT

Operator Name <u>Sundown</u>		API Number <u>30-005-28905</u>	
Property Name <u>Rochia ASM State</u>		Well No. <u>1</u>	

7. Surface Location

UL - Lot <u>0</u>	Section <u>35</u>	Township <u>15 S</u>	Range <u>36 E</u>	Feet from <u>990</u>	N/S Line <u>S</u>	Feet From <u>2310</u>	E/W Line <u>E</u>	County <u>lea</u>
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Well Status

TA'D Well YES <u>NO</u>	SHUT-IN YES <u>NO</u>	INJECTOR INJ <u>SWD</u>	PRODUCER OIL GAS	DATE <u>1/13/16</u>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>0</u>
Flow Characteristics					
Puff	<u>Y</u> / N	Y / N	Y / N	Y / <u>N</u>	CO2 _____
Steady Flow	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	WTR _____
Surges	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	GAS _____
Down to nothing	<u>Y</u> / N	Y / N	Y / N	<u>Y</u> / N	If applicable type
Gas or Oil	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	fluid injected for
Water	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

(Empty space for remarks)

Signature: <u>[Signature]</u>		OIL CONSERVATION DIVISION	
Printed name: <u>Jason Able</u>		Entered into RBDMS	
Title: <u>Pumper</u>		Re-test	
E-mail Address:			
Date:	Phone:		
	Witness: <u>Carl Zeven</u>		

JAN 14 2016

BS 1/14/16
1/13/16 TR