



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

BRADENHEAD TEST REPORT

Operator Name <i>TLT</i>	*API Number <i>30-025-01268</i>
Property Name <i>New max A</i>	Well No. <i>#1</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>26</i>	Township <i>16S</i>	Range <i>33E</i>	Feet from <i>1983</i>	N/S Line <i>S</i>	Feet From <i>2313</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	INJECTOR INJ	<i>SWD</i>	OIL	PRODUCER	GAS	DATE <i>1/22/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>N/A</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ___
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ___
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ___
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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.

Signature: <i>Charley Wilhelm</i>	<i>BS 2/3/16</i> OIL CONSERVATION DIVISION
Printed name: <i>Charley Wilhelm</i>	Entered into RBDMS <i>CB</i>
Title: <i>Supervisor</i>	Re-test
E-mail Address:	
Date: <i>1/22/16</i>	Phone: <i>432-2006-8655</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 04 2016

Handwritten initials