



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 & Assoc.</i>	API Number <i>30025224540000</i>
Property Name <i>EB Anderson</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>M</i>	Section <i>6</i>	Township <i>T13S</i>	Range <i>R38E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>990</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 ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>2-9-16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>0</i>		<i>800</i>
Flow Characteristics					
Puff	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	CO2 ☐
Steady Flow	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	WTR <i>800*</i>
Surges	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	GAS ☐
Down to nothing	<i>Y</i> N ☐	<i>Y</i> N ☐	<i>Y</i> N ☐	<i>Y</i> N ☐	Type of Fluid
Gas or Oil	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Y ☒ N ☐	Injected for
Water	<i>Y</i> N ☐	<i>Y</i> N ☐	<i>Y</i> N ☐	<i>Y</i> N ☐	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.

Inject 2200 BWPD

BS 2/11/16

Signature: <i>Jim Reynolds</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jim Reynolds</i>	Entered into RBDMS <i>BS</i>
Title: <i>Supt.</i>	Re-test
E-mail Address:	
Date: <i>2-9-16</i>	Phone: <i>432-741-9484</i>
Witness:	

FEB 11 2016