

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 & Assn</i>	API Number <i>30005006610000</i>
Property Name <i>SLQU 30</i>	Well No. <i>16</i>

7. Surface Location

UL - Lot <i>1</i>	Section <i>30</i>	Township <i>155</i>	Range <i>31E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR ☒ INJ	SWD	PRODUCER OIL	GAS	DATE <i>2-12-16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					<i>610</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 <i>251</i>
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.

Tbg. Inj Psi 610⁺
BWPD 255 BBL.

B8 2/16/16

Signature: <i>Jim Reynolds</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jimmie Reynolds</i>	Entered into RBDMS <i>B8</i>
Title: <i>Supt.</i>	Re-test
E-mail Address:	
Date: <i>2-12-16</i>	Phone: <i>432-741-9484</i>
Witness:	

FEB 16 2016