



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

BRADENHEAD TEST REPORT

Operator Name <i>Nordstrand Engineering</i>	API Number <i>30-025 23581</i>
Property Name <i>Walden</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>21</i>	Township <i>22</i>	Range <i>37</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>879</i>	E/W Line <i>E</i>	County <i>Log</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR SWD ☐	PRODUCER COIL ☒	GAS ☐	DATE <i>2-25-16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>114</i>			<i>30</i>	<i>40</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 Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>William K Swan</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>BS</i>
Title:	Re-test
E-mail Address:	
Date: <i>2-25-16</i>	Phone:
Witness: <i>Kristen Heady</i>	

FEB 26 2016

EW KSH