

MAR 19 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <b>Apache Corp.</b>	API Number <b>30-025-04168</b>
Property Name <b>North Monument Grayburg San Andres Unit</b>	Well No. <b>07</b>


7. Surface Location									
UL - Lot <b>F</b>	Section <b>2</b>	Township <b>20S</b>	Range <b>36E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>1980</b>	E/W Line <b>E</b>	County <b>Lea</b>	

Well Status										
YES	TA'D WELL <input checked="" type="radio"/>	YES	SHUT-IN <input checked="" type="radio"/>	<input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/>	SWD	OIL	PRODUCER <input checked="" type="radio"/>	GAS	DATE <b>3/21/16</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	$\phi$		$\phi$	705
Flow Characteristics					
Puff	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/>	<input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/>	Injected for
Water	Y / <input checked="" type="radio"/>	<input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/>	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: 	B8 3/30/16
Printed name: <b>Jim Ellison</b>	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <b>CF</b>
E-mail Address:	Re-test
Date: <b>3/21/16</b>	
Phone: <b>575-441-7734</b>	
Witness: <b>Carl Flowers</b>	

In C.F.

INSTRUCTIONS ON BACK OF THIS FORM

MAR 30 2016