



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



BRADENHEAD TEST REPORT

Operator Name

API Number

Apache Corp

30-025-04165

Property Name

Well No.

North Monument Graveling San Andres Unit

1

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
A	2	20S	36E	6600	N	6600	E	Lea

Well Status

TA'D WELL	YES	NO	SHUT-IN	YES	NO	INJECTOR	YES	NO	PRODUCER	OIL	GAS	DATE
YES		<input checked="" type="radio"/>	YES		<input checked="" type="radio"/>	INJECTOR		<input checked="" type="radio"/>	PRODUCER			3-21-16

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Ø	Ø		Ø	70.5
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	<input checked="" type="radio"/> Y / N	CO2 —
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 —
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	Y / N	Y / <input checked="" type="radio"/>	Injected for
Water	Y / <input checked="" type="radio"/>	Y / <input checked="" type="radio"/>	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:	Jim Ellison	OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS	CF ✓
E-mail Address:		Re-test	
Date:	3/21/16	Phone:	575-441-7734
		Witness:	Carol Havers

IN CF.

INSTRUCTIONS ON BACK OF THIS FORM

MAR 30 2016