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

APR 28 2016

BRADENHEAD TEST REPORT

RECEIVED	Operator Name <i>LENN OPERATING</i>	*API Number <i>30-025-23582</i>
	Property Name <i>PHILLIPS LEA</i>	Well No. <i>8</i>

2. Surface Location									
UL - Lot <i>N</i>	Section <i>31</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>W</i>	County <i>LEA</i>	

Well Status									
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SWD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>4/28/16</i>				

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>2A</i>	<i>2A</i>	<i>15</i>	<i>120</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>Ø</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.

BB 4-29-16

Signature: <i>Eddie J. Jaramillo</i>	OIL CONSERVATION DIVISION
Printed name: <i>Eddie J. Jaramillo</i>	Entered into RBDMS
Title: <i>PRODUCTION SPECIALIST</i>	Re-test
E-mail Address:	
Date: <i>4/28/16</i>	Phone: <i>(575) 370-9686</i>
Witness: <i>Bowe</i>	

INSTRUCTIONS ON BACK OF THIS FORM

IN
JMB

APR 29 2016