



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

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy</i>	API Number <i>3002534495</i>
Property Name <i>South Shore Bar 15 State</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>#</i>	Section <i>15</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>1850</i>	E/W Line <i>E</i>	County <i>Log</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☐ SWD ☒	PRODUCER ☒ OIL ☐ GAS	DATE <i>2-17-16</i>
--	--	--	--	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>120</i>	<i>28</i>		<i>24</i>	
Flow Characteristics					
Puff	☒ Y / N	☒ Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	☒ Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	☒ Y / N	Y / N	Y / N	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.

B - Clear water 5 ^{sec} AAAA blow down
A - Clear fluid 20 sec blow down

*entered by BS
+ inspection entered
by BS*

BS 2/19/16

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Myaor Smith</i>	Entered into RBDMS <i>BS</i>
Title: <i>Asst Foreman</i>	Re-test
E-mail Address: <i>myaor.smith@devon.com</i>	
Date: <i>2-17-16</i>	Phone:
Witness: <i>Kristi Healy</i>	

FEB 19 2016

MAY 12 2016