

MAY 04 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>McGOWAN WORKING PARTNERS INC.</i>	API Number <i>3002502215(0000)</i> ✓
Property Name <i>STATE 35 UNIT</i>	Well No. <i>002</i>

2. Surface Location

U/Lot <i>B</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LeA</i>
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Well Status

TA'D WELL YES	☒ NO	SHUT-IN YES	☒ NO	INJ	INJECTOR SWD	☒ OIL	PRODUCER GAS	DATE <i>3/22/16</i>
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OBSERVED DATA

	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>2/A</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Puff	☒ Y ☐ N	☐ Y ☒ N	☐ Y ☒ N	☐ Y ☒ N	CO ₂ _____
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 Injected for Waterflood if applies.
Gas or Oil	☐ Y ☒ N	☐ Y ☒ N	☐ Y ☒ N	☐ Y ☒ N	
Water	☐ Y ☒ N	☐ Y ☒ N	☐ Y ☒ N	☐ Y ☒ N	

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

Signature: <i>Jack Stevenson</i>	B2 5-13-16 OIL CONSERVATION DIVISION
Printed name: <i>JACK STEVENSON</i>	Entered into RBDMS <i>CB</i>
Title:	Re-test
E-mail Address:	
Date: <i>3/22/16</i>	Phone: <i>575-631-1083</i>
Witness: <i>J. Bowe</i>	

In
Ans