

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

MAY 04 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>McGOWAN WORKING PARTNERS INC.</i>		API Number <i>300250222(0000)</i>
Property Name <i>STATE 35 UNIT</i>		Well No. <i>035</i>

2. Surface Location

UL - Lot <i>P</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL ☒ YES	SHUT-IN ☐ YES	INJECTOR ☐ INJ	PRODUCER ☒ OIL	GAS ☐ GAS	DATE <i>3/22/16</i>
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OBSERVED DATA

	(A) Surface	(B) Interim(1)	(C) Interim(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</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>Y/N</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.

Signature: <i>Jack Stevenson</i>		OIL CONSERVATION DIVISION	
Printed name: <i>JACK STEVENSON</i>		Entered into RBDMS <i>HB</i>	
Title: <i>PUMPER</i>		Re-test	
E-mail Address:			
Date: <i>3/22/16</i>	Phone: <i>575-631-1083</i>		
Witness: <i>Down</i>			

HB