

HOBBS OCD

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>3002534277(0000)</i>
Property Name <i>STAT 35 UNIT</i>	Well No. <i>038</i>

2. Surface Location

UL - Lot <i>I</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1934</i>	N/S Line <i>S</i>	Feet From <i>560</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	INJ	INJECTOR <input checked="" type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE <i>3/22/16</i>
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csg	(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 _____
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Injected for _____
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Waterflood if _____

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>GP</i>
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>3/22/16</i>	Phone: <i>575-631-1083</i>
Witness: <i>[Signature]</i>	

IN
[Signature]