

JUN 13 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>APACHE CORP</b>	API Number <b>30 025 06575</b>
Property Name <b>EBDU</b>	Well No. <b>45</b>

Surface Location										
U/Lot <b>A</b>	Section <b>14</b>	Township <b>21S</b>	Range <b>3TE</b>	Feet from <b>660</b>	N/S Line <b>FNL</b>	Feet From <b>330</b>	E/W Line <b>FEL</b>	County <b>LEA</b>		

Well Status							DATE	
TA'D WELL <input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	SHUT-IN <input type="checkbox"/> YES	<input type="checkbox"/> YES	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	PRODUCER <input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<b>4-14-16</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>'</b>	<b>0</b>	<b>1480</b>
Flow Characteristics					
Steady Flow	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	CO2
Surges	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR
Down to nothing	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	GAS
Gas or Oil	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of Fluid
Water	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Injected for 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.

*IN  
SMP*

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>DAVID CUMMINGS</b>	Entered into RBDMS
Title: <b>SR PUMPER</b>	Re-test
E-mail Address:	
Date: <b>4-14-16</b>	Phone:
Witness: <b>Krista Heady</b>	