

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

MAY 27 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seaguy</i>	API Number <i>30 005 00901</i>
Property Name <i>Dickey Queen sand unit</i>	Well No. <i>8</i>

7. Surface Location

UT - Lot <i>m</i>	Section <i>34</i>	Township <i>13</i>	Range <i>31</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well-Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☒ IN ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>5/17/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>0</i>	<i>445</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.

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Ido Poma</i>	Entered into RBDMS
Title: <i>Field Supervisor</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>5-17-16</i>	Phone: <i>[Signature]</i>
Witness: <i>[Signature]</i>	