

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>Seany</i>	API Number <i>300050109</i>
Property Name <i>West Cap</i>	Well No. <i>6</i>

2. Surface Location

UL - Lot <i>5</i>	Section <i>17</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	Count <i>Chaves</i>
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Well-Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	INJECTOR SWD	OIL	PRODUCER 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>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	CO2 <i>0</i>
Steady Flow	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	WTR <i>0</i>
Surges	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	GAS <i>0</i>
Down to nothing	<i>0</i> / N	Y / N	Y / N	<i>0</i> / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</i>	
Water	Y / <i>0</i>	Y / N	Y / N	Y / <i>0</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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Aldo 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:
Witness: <i>Kelley Heady</i>	