

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>Seasey</i>	API Number <i>30 005 00977</i>
Property Name <i>Dickey Green land unit</i>	Well No. <i>18</i>

7. Surface Location

Lot <i>10</i>	Section <i>3</i>	Township <i>14</i>	Range <i>31</i>	Feet from <i>665</i>	N/S Line <i>N</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 ☒ INJ	SWD	OIL 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 Casing	(E) Tubing
Pressure	☒	☒	☒	☒	☒
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>Alfred Pomeroy</i>	Entered into RBDMS
Title: <i>Field Supervisor</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	
Phone:	
Witness: <i>Shirley Heady</i>	