

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

BRADENHEAD TEST REPORT

Operator Name <i>Cross Timbers</i>	API Number <i>30-025-28314</i>
Property Name <i>N/A</i>	Well No. <i>234</i>

7. Surface Location

UL - Lot <i>I</i>	Section <i>23</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>545</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER OIL	GAS	DATE <i>1/20/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>16</i>	<i>—</i>	<i>—</i>	<i>8</i>	<i>40</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / N	CO2 <i>—</i>
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / N	WTR <i>—</i>
Surges	Y / <i>N</i>	Y / N	Y / N	Y / N	GAS <i>—</i>
Down to nothing	<i>0</i> / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / N	Injected for
Water	Y / <i>N</i>	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.

Test Workover - with B.H. TEST job

Signature: <i>Gene Hudson</i>	OIL CONSERVATION DIVISION
Printed name: <i>Gene Hudson</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address:	
Date: <i>1/20/16</i>	
Phone:	
Witness: <i>Gene Hudson</i>	