

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

JUL 25 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Seely</i>		API Number <i>30-025-24430</i>
Property Name <i>Gulf St.</i>		Well No. <i>1</i>

7. Surface Location									
UL - Lot <i>D</i>	Section <i>2</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status

YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>6/27/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>φ</i>	<i>2A</i>	<i>2A</i>	<i>25</i>	<i>25</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>Steve Clingman</i>		OIL CONSERVATION DIVISION
Printed name: <i>Steve Clingman</i>		Entered into RBDMS
Title: <i>Consultant</i>		Re-test <i>[Signature]</i>
E-mail Address:		
Date: <i>6/27/16</i>	Phone:	
Witness: <i>[Signature]</i>		