

JUL 25 2016

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

BRADENHEAD TEST REPORT

Operator Name <i>Seely</i>						API Number <i>30-025-34048</i>			
Property Name <i>Central EK Queen Unit</i>						Well No. <i>12</i>			
7. Surface Location									
UL - Lot <i>L</i>	Section <i>8</i>	Township <i>18S</i>	Range <i>34E</i>		Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>Lea</i>
Well Status									
TA'D WELL YES ☒ NO ☒		SHUT-IN YES ☐ NO ☒		INJECTOR <i>INJ</i>		PRODUCER OIL ☒ GAS ☐		DATE <i>6/27/16</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>1600</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: Steve Clingman		Entered into RBDMS	
Title: Consultant		Re-test <i>[Signature]</i>	
E-mail Address:			
Date: <i>6/27/16</i>	Phone:		
	Witness: <i>[Signature]</i>		