

AUG 03 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <u>McGOWAN WORKING PARTNERS INC.</u>		API Number <u>30025280570000</u>
Property Name <u>STATE 35 UNIT</u>		Well No. <u>014</u>

2. Surface Location

UL Lot <u>K</u>	Section <u>35</u>	Township <u>17S</u>	Range <u>34E</u>	Feet from <u>2630</u>	N/S Line <u>S</u>	Feet From <u>1330</u>	E/W Line <u>W</u>	County <u>LeA</u>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☐	INJECTOR ☒	SWD ☐	OIL ☐	PRODUCER GAS ☐	DATE <u>3/22/16</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<u>φ</u>	<u>2/A</u>	<u>2/A</u>	<u>φ</u>	<u>1350</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR ☒
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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: <u>Jack Stevenson</u>	OIL CONSERVATION DIVISION
Printed name: <u>JACK STEVENSON</u>	Entered into RBDMS
Title: <u>Pumper</u>	Re-test
E-mail Address:	<u>[Signature]</u>
Date: <u>3/22/16</u>	
Phone: <u>575-631-1083</u>	
Witness: <u>[Signature]</u>	