

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

AUG 03 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>McGowan Working Partners Inc.</i>		API Number <i>30025306140000</i>
Property Name <i>STATE 35 UNIT</i>		Well No. <i>024</i>

2. Surface Location

UL - Lot <i>N</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1225</i>	N/S Line <i>S</i>	Feet From <i>2000</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

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

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</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>Jack Stevenson</i>	OIL CONSERVATION DIVISION
Printed name: <i>JACK STEVENSON</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>3/22/16</i>	
Phone: <i>575-631-1083</i>	
Witness: <i>G. Bower</i>	