

AUG 03 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>McGOWAN WORKING PARTNERS INC.</u>	API Number <u>300253334150000</u>
Property Name <u>STATE 35 UNIT</u>	Well No. <u>011</u>

2. Surface Location									
UL - Lat <u>N</u>	Section <u>35</u>	Township <u>17S</u>	Range <u>34E</u>	Feet from <u>34</u>	N/S Line <u>E</u>	Feet from <u>1310</u>	E/W Line <u>E</u>	County <u>LeA</u>	

Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☐	PRODUCER OIL ☒ 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>N/A</u>	<u>N/A</u>	<u>30</u>	<u>30</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u> </u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u> </u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u> </u>
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:	
Date: <u>3/22/16</u>	Phone: <u>575-631-1083</u>
Witness: <u>J. Bown</u>	