

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 <i>McGOWAN WORKING PARTNERS INC.</i>		API Number <i>3002502210000</i>	
Property Name <i>STATE 35 UNIT</i>		Well No. <i>035</i>	

2. Surface Location									
U/L Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>4</i>	<i>35</i>	<i>17S</i>	<i>34E</i>	<i>660</i>	<i>S</i>	<i>660</i>	<i>E</i>	<i>LEA</i>	

Well Status		INJECTOR		PRODUCER		DATE	
YES	NO <i>(NO)</i>	YES	NO <i>(NO)</i>	INJ	SWD	OIL <i>(OIL)</i>	GAS <i>3/22/14</i>

OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(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	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>---</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>---</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>---</i>
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>Jack Stevenson</i>	OIL CONSERVATION DIVISION
Printed Name: <i>JACK STEVENSON</i>	Entered into RBDMS
Title: <i>PUMPER</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>3/22/14</i>	Phone: <i>575-631-1083</i>
Witness: <i>[Signature]</i>	