

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

BRADENHEAD TEST REPORT

Operator Name RKI		API Number 30-025-10327
Property Name Gulf St.		Well No. 1

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
C	16	22S	37E	860	N	1980	W	Lea

Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	INJ <input type="checkbox"/>	INJECTOR <input type="checkbox"/>	SWD <input type="checkbox"/>	<input checked="" type="checkbox"/> OIL	PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE 8/22/16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset	NA	10	10
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: BKPL	OIL CONSERVATION DIVISION
Printed name: Brandon Ripley	Entered into RBDMS
Title: Production Foreman	Re-test JMA
E-mail Address:	
Date: 8/22/16	
Phone:	
Witness: John Brown	