

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

HOBBS OCD
FEB 03 2017
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Echo</i>		API Number <i>30-025-30475</i>
Property Name <i>TERRA ENRON 12 ST.</i>		Well No. <i>1</i>

7. Surface Location

UL - Lot <i>A</i>	Section <i>12</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D Well YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR INJ ☒ SWD ☒	PRODUCER OIL ☒ GAS ☒	DATE <i>1/19/17</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>20</i>	<i>20</i>
Flow Characteristics					
Puff	Y / ☒	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / ☒	Y / N	Y / N	Y / N	WTR _____
Surges	Y / ☒	Y / N	Y / N	Y / N	GAS _____
Down to nothing	☒ / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / ☒	Y / N	Y / N	Y / N	fluid injected for
Water	Y / ☒	Y / N	Y / N	Y / N	Waterflood

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

Signature: <i>Shea Morgan</i>		OIL CONSERVATION DIVISION
Printed name: <i>Shea Morgan</i>		Entered into RBDMS
Title: <i>Contract Pump</i>		Re-test <i>[Signature]</i>
E-mail Address: <i>Shea.m@Hotmail.com</i>		
Date: <i>1/19/17</i>	Phone:	
Witness: <i>[Signature]</i>		