

JUN 14 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corp.</i>	*API Number <i>30-025-04165</i>
Property Name <i>NMGSAU</i>	Well No. <i>1801</i>

7. Surface Location

UL Lot <i>A</i>	Section <i>2</i>	Township <i>20S</i>	Range <i>36E</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>6-7-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>20</i>	<i>720</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>JD Ellison</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jim Ellison</i>	Entered into RBDMS
Title: <i>Instrument Tech</i>	Re-test <i>7/7</i>
E-mail Address: <i>JD.Ellison @ apache corp. com</i>	
Date:	
Phone: <i>575-441-7734</i>	
Witness:	