

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

**BRADENHEAD TEST REPORT**

Operator Name <b>JAY Management Company</b>		API Number <b>30-025-22043-0000</b>
Property Name <b>SOHIO State</b>		Well No. <b>001</b>

**7. Surface Location**

UL - Lot <b>P</b>	Section <b>4</b>	Township <b>11-S</b>	Range <b>33-E</b>	Feet from <b>660</b>	N/S Line <b>S</b>	Feet From <b>660</b>	E/W Line <b>E</b>	County <b>LEA</b>
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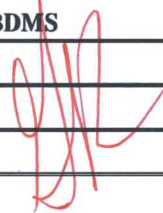
**Well Status**

TA'D Well <b>YES</b>	NO	SHUT-IN <b>YES</b>	NO	INJECTOR <b>INJ</b>	SWD	PRODUCER <b>OIL</b>	GAS	DATE <b>7-5-17</b>
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**OBSERVED DATA**

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

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

Signature:		<b>OIL CONSERVATION DIVISION</b>  Entered into RBDMS  Re-test  
Printed name:		
Title:		
E-mail Address:		
Date:	Phone:	
Witness: <b>KERRY FORTNER-OCD 575-399-3221</b>		

*Kerry Fortner* 575-399-3220  
OCD