

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

JUL 7 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name XXXXXXXXXX <u>Mewbourne Oil Company</u>	* API Number <u>30025-39632</u>
Property Name <u>Mato 8 State Com</u>	Well No. <u>1 H</u>

7. Surface Location

UL - Lot <u>D</u>	Section <u>8</u>	Township <u>17S</u>	Range <u>35E</u>	Feet from <u>460</u>	N/S Line <u>N</u>	Feet From <u>660</u>	E/W Line <u>W</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJECTOR INJ ☒ SWD	PRODUCER ☒ OIL ☐ GAS	DATE <u>4-25-2017</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>6</u>	<u>—</u>	<u>—</u>	<u>40</u>	<u>200</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 <u>—</u>
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR <u>—</u>
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS <u>—</u>
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <u>04-25-2017</u>	
Phone:	
Witness:	

Kerry Fortner DNW

INSTRUCTIONS ON BACK OF THIS FORM