

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

BRADENHEAD TEST REPORT

Operator Name <i>Cameron</i>	API Number <i>30-025-2445</i>
Property Name <i>Fluor</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>35</i>	Township <i>22S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</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>8-16-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>6</i>	<i>/</i>	<i>/</i>	<i>2</i>	<i>2</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	<i>0</i> / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / N	
Water	Y / <i>N</i>	Y / N	Y / N	Y / N	

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

Signature: <i>Jessie Pileker</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>8-16-17</i>	
Phone:	
Witness: <i>Kerry Fortner- OCD</i>	

399-3221