

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

BRADENHEAD TEST REPORT

Operator Name <i>Campeon</i>	API Number <i>30-025-28425</i>
Property Name <i>Gulf St.</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>N</i>	Section <i>2</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>5</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <i>8-16-17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>0</i>	<i>1500</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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: <i>Jessie Picher</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>X2</i>
E-mail Address:	
Date: <i>8-16-17</i>	Witness: <i>Kerry Fortner</i>

INSTRUCTIONS ON BACK OF THIS FORM