

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>30-025-32052</i>
Property Name <i>Sarah B</i>		Well No. <i>2</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>12</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>1803</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	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>—</i>	<i>—</i>	<i>20</i>	<i>20</i>
Flow Characteristics					
Puff	Y / <i>0</i>	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <i>0</i>	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / <i>0</i>	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
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>0</i>	Y / N	Y / N	Y / N	
Water	Y / <i>0</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 P. Icker</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> <i>399-3221</i>		

INSTRUCTIONS ON BACK OF THIS FORM