

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>30-025-82743</i>
Property Name <i>Langlic matrix 4 Fed</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>2</i>	Section <i>4</i>	Township <i>23S</i>	Range <i>37E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LCA</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 Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>25</i>	<i>25</i>
Flow Characteristics					
Puff	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	CO2 ☐
Steady Flow	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	WTR ☐
Surges	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	GAS ☐
Down to nothing	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	Type of Fluid
Gas or Oil	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	Injected for
Water	☒ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	☐ Y / ☐ N	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>Assie Pitcher</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 Furter-OCD</i>	

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INSTRUCTIONS ON BACK OF THIS FORM