

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

BRADENHEAD TEST REPORT

Operator Name <i>Momentum Operating</i>	API Number <i>30-025-21244</i> ✓
Property Name <i>TEAS YATE</i>	Well No. <i>#061</i> ✓

7. Surface Location

UL - Lot <i>L</i>	Section <i>14</i>	Township <i>20S</i>	Range <i>33E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>990</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>8-15-17</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>N/A</i>	<i>N/A</i>	<i>0</i>	<i>125</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.

MIT failed

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>JK</i>
Date:	
Phone:	
Witness: <i>Gary Robinson</i>	
<i>399-3220</i>	

INSTRUCTIONS ON BACK OF THIS FORM