

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

SEP 01 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Wishbone</i>	API Number <i>30-025-05204</i>
Property Name <i>W.T. Mann A</i>	Well No. <i>2</i>

2. Surface Location

UL Lot <i>B</i>	Section <i>36</i>	Township <i>14S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES	NO	SHUT-IN ☒ YES	NO	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>9/1/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>Ø</i>	<i>—</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid injected for waterflood if applicable
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Wayne Dixon</i>	OIL CONSERVATION DIVISION
Printed name: <i>WAYNE DIXON</i>	Entered into RBDMS
Title: <i>PRODUCTION FOREMAN</i>	Re-test <i>Ø</i>
E-mail Address: <i>WDIXON@WISHBONEAP.COM</i>	
Date: <i>9/1/17</i>	Phone: <i>432-556-5923</i>
Witness: <i>J. Bow</i>	

INSTRUCTIONS ON BACK OF THIS FORM