

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

BRADENHEAD TEST REPORT

07303

Operator Name <i>Wishbone</i>	*API Number <i>30-025-07303</i>
Property Name <i>JG Coy SWD</i>	Well No. <i>1</i>

2 Surface Location

UL Lot <i>C</i>	Section <i>12</i>	Township <i>17S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>N</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 ☒ NO ☒	SHUT-IN YES ☒ NO ☐	INJ INJ ☐	INJECTOR <i>(SWI)</i>	OIL PRODUCER OIL ☐ GAS ☐	DATE <i>9/1/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	<i>N/A</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Pull	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	Water level if
					applicable

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
E-mail Address: <i>WDIXON@WISHBONEEP.COM</i>	
Date: <i>9/1/17</i>	
Phone: <i>432-532-5928</i>	
Witness: <i>Bowen</i>	

INSTRUCTIONS ON BACK OF THIS FORM