

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

BRADENHEAD TEST REPORT

Operator Name <i>Asher Enterprises</i>		API Number <i>3002503140000</i>
Property Name <i>Hamon State</i>		Well No. <i>1</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>27</i>	Township <i>18</i>	Range <i>35E</i>	Feet from <i>2310</i>	N/S Line <i>S</i>	Feet From <i>2310</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>9-5-2017</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>25</i>	<i>150</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>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Reubin Collins</i>		Entered into RBDMS	
Title: <i>Pumper</i>		Re-test	
E-mail Address: <i>rcps90@leawo.net</i>		<i>[Signature]</i>	
Date: <i>9-5-2017</i>	Phone: <i>575-390-8728</i>		
Witness:			