

SEP 25 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>CROWN QUEST</u>	API Number <u>30-025-22932</u>
Property Name <u>STATE 27</u>	Well No. <u>2</u>

Surface Location

UL - Lot <u>P</u>	Section <u>27</u>	Township <u>14S</u>	Range <u>32E</u>	Feet from <u>660</u>	N/S Line <u>5</u>	Feet From <u>660</u>	E/W Line <u>E</u>	County <u>Lea</u>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ <u>SWD</u>	PRODUCER OIL ☒ GAS ☐	DATE <u>9/25/17</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>φ</u>	<u>φ</u>	<u>—</u>	<u>φ</u>	<u>φ</u>
Flow Characteristics					
Pull	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	CO2 <u>—</u>
Steady Flow	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	WTR <u>—</u>
Surges	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	GAS <u>—</u>
Down to nothing	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Type of Fluid
Gas or Oil	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Injected for
Water	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <u>[Signature]</u>
E-mail Address:	
Date: <u>9/25/17</u>	Phone:
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM