

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

SEP 26 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Cross borders</u>	API Number <u>30-005-20530</u>
Property Name <u>Miller Fed</u>	Well No. <u>6H</u>

7. Surface Location

UL - Lot <u>m</u>	Section <u>34</u>	Township <u>75</u>	Range <u>31E</u>	Feet from <u>660</u>	N/S Line <u>5</u>	Feet From <u>660</u>	E/W Line <u>W</u>	County <u>CHARLES</u>
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Well Status

TA'D WELL <u>YES</u>	SHUT-IN <u>NO</u>	INJ <u>NO</u>	PRODUCER <u>SWI</u>	GAS <u>DATE</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>Ø</u>	<u>Ø</u>	<u>—</u>	<u>Ø</u>	<u>VAC</u>
Flow Characteristics					
Puff	<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

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

Signature: <u>[Signature]</u>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <u>[Signature]</u>
E-mail Address:	
Date: <u>9/22/17</u>	Phone: <u>[Signature]</u>
Witness: <u>[Signature]</u>	

INSTRUCTIONS ON BACK OF THIS FORM