

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

BRADENHEAD TEST REPORT

HOBBS OCD

OCT 3 2017

RECEIVED

Operator Name <i>Buckeye Disposal</i>	API Number <i>30-025-20980</i>
Property Name <i>ST. AF</i>	Well No. <i>3</i>

2. Surface Location

PL - Lot <i>L</i>	Section <i>8</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL <i>YES</i>	NO	YES	SHUT-IN <i>NO</i>	NO	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER <i>GAS</i>	GAS	DATE <i>10/3/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<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 applies.
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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>10/3/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM