

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

NOV 15 2017

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Chemwater</i>	API Number <i>30-025-37122</i>
Property Name <i>South VAC</i>	Well No. <i>274</i>

Surface Location

UL - Lot <i>P</i>	Section <i>27</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>960</i>	N/S Line <i>5</i>	Feet From <i>693</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJECTOR <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SYD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>11/15/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset	—	\emptyset	<i>160</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:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>11/15/17</i>	Phone:
Witness: <i>[Signature]</i>	