

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

BRADENHEAD TEST REPORT

Operator Name <i>JAM- EOG- y</i>	*API Number <i>30-025-31636</i>
Property Name <i>Kemnitz South AFL</i>	Well No. <i>1</i>

7. Surface Location

UL - Lot <i>0</i>	Section <i>31</i>	Township <i>16S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>12/5/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>10</i>	<i>20</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 Injected for Waterflood if applies
Gas or Oil	Y / N ☒	Y / N	Y / N	Y / N	
Water	Y / N ☒	Y / N	Y / N	Y / N	

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
E-mail Address:	
Date: <i>12/5/17</i>	<i>[Signature]</i>
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM