

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

BRADENHEAD TEST REPORT

Operator Name <i>Conoco Phillips</i>		API Number <i>30-025-42723</i>	
Property Name <i>EVSAU</i>		3328	Well No. <i>W 520</i>

7. Surface Location

UL - lot <i>N</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>471</i>	N/S Line <i>S</i>	Feet From <i>1759</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D Well YES ☐ NO ☒	SHUT-IN YES ☒ NO ☐	INJECTOR INJ ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐	DATE <i>1/29/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☐
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	If applicable type
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	fluid injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Waterflood

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

Initial TEST

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>1/29/17</i>	Phone:	
Witness: <i>[Signature]</i>		