

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

BRADENHEAD TEST REPORT

Operator Name <i>Dwight A. Tipton</i>					API Number <i>30-025-31000</i>				
Property Name <i>SUNRAY A 6822 LTD</i>					Well No. <i>#1</i>				
Surface Location									
UL - Lot <i>0</i>	Section <i>36</i>	Township <i>9S</i>	Range <i>33E</i>	Feet from <i>990</i>	N/S Line <i>5</i>	Feet From <i>1980</i>	E/W Line <i>6</i>	County <i>LEA</i>	

Well Status									
TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	SWD	OIL	PRODUCER GAS	DATE <i>7-16-18</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☒
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
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.

*Post Workover
Need C-103 sent to ocd office
Packer & setting + perfs.*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Steve Robinson</i>			

INSTRUCTIONS ON BACK OF THIS FORM