

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

BRADENHEAD TEST REPORT

Operator Name: EOG Y API Number: 30-015-31644
Property Name: KIWI SWD Well No.: 45

Surface Location

UL/Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<u>5</u>	<u>16</u>	<u>22S</u>	<u>32E</u>	<u>1980</u>	<u>S</u>	<u>1650</u>	<u>E</u>	<u>LEA</u>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES ☒ NO ☒	YES ☐ NO ☒	INJ ☐ SWD ☒	OIL ☐ GAS ☐	<u>6-12-18</u>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>470</u>
Flow Characteristics					
Pull	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2 ☐
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR ☒
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS ☐
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of Fluid
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Injected for
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	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:	
Phone:	
Witness: <u>Gary Robinson</u>	

INSTRUCTIONS ON BACK OF THIS FORM