

AUG 20 2018

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

**RECEIVED****BRADENHEAD TEST REPORT**

Operator Name XTO Energy, Inc	API Number 30-025-04456
Property Name Eunice Monument South Unit	Well No. 263

**7. Surface Location**

UL - Lot N	Section 3	Township 21S	Range 36E	Feet from 660	N/S Line South	Feet From 1980	E/W Line West	County Lea
---------------	--------------	-----------------	--------------	------------------	-------------------	-------------------	------------------	---------------

**Well Status**

TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 7-13-2018
--	---	--	---	-------------------

**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	111
<b>Flow Characteristics</b>					
Puff	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	

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

Signature: <i>Alan Miller</i>	OIL CONSERVATION DIVISION
Printed name: ALAN MILLER	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: 7-13-2018	Phone: 575-441-1641
Witness:	