

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

BRADENHEAD TEST REPORT

Operator Name McDonald Operating API Number 30-025-11169
Property Name Langlie Jack Well No. #14

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<u>0</u>	<u>20</u>	<u>24S</u>	<u>37E</u>	<u>660</u>	<u>S</u>	<u>1980</u>	<u>E</u>	<u>LEA</u>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	SWD	PRODUCER	GAS	DATE
YES <u>NO</u>	YES <u>NO</u>	INJ <u>NO</u>		OIL		<u>8-1-18</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>0</u>
Flow Characteristics					
Pull	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	CO2 <u>—</u>
Steady Flow	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	WTR <u>✓</u>
Surges	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	GAS <u>—</u>
Down to nothing	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	Type of Fluid
Gas or Oil	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	Injected for
Water	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>N</u>	<u>Y</u> <u>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>Darryl Robinson</u>	

INSTRUCTIONS ON BACK OF THIS FORM