

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

OCT 09 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cross Timbers</i>	API Number <i>30-025-20530</i>
Property Name <i>N.M. BO STATE</i>	Well No. <i>8</i>

7. Surface Location

UL - Lot <i>B</i>	Section <i>12</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>1648</i>	E/W Line <i>E</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>10/9/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>33</i>	<i>35</i>
Flow Characteristics					
Puff	<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>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/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.

Signature: <i>Alfred Luján</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>MA</i>
E-mail Address:	
Date: <i>10/9/18</i>	Phone:
Witness: <i>Boone</i>	