

HOBBS OCD

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

FEB 8 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Cameron Oil + Gas</i>	API Number <i>30-025-28425-</i>
Property Name <i>Gulf St.</i>	Well No. <i>2</i>

Surface Location									
UL - Lot <i>N</i>	Section <i>2</i>	Township <i>23S</i>	Range <i>37E</i>		Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>La</i>

Well Status									
TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	<u>SWD</u>	OIL	PRODUCER GAS	DATE <i>9/18/18</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	<i>300</i>
Flow Characteristics					
Puff	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	CO2 —
Steady Flow	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	WTR —
Surges	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	GAS —
Down to nothing	<u>Y</u> / N	<u>Y</u> / N	Y / N	<u>Y</u> / N	Type of Fluid
Gas or Oil	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <u>N</u>	Injected for
Water	Y / <u>N</u>	Y / <u>N</u>	Y / N	Y / <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: <i>9/18/18</i>	
Phone:	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

