

MAR 14 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>STRATA PRODUCTION COMPANY</b>		API Number <b>30-025-24540-00-00</b>
Property Name <b>CLEARY STATE</b>		Well No. <b>001</b>

7. Surface Location

UL - Lot <b>N</b>	Section <b>32</b>	Township <b>20-S</b>	Range <b>33-E</b>	Feet from <b>990</b>	N/S Line <b>S</b>	Feet From <b>1980</b>	E/W Line <b>W</b>	County <b>LEA</b>
----------------------	----------------------	-------------------------	----------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------



Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input checked="" type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>3/12/19</b>
--	--	--	---	------------------------

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>980</b>
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	If applicable type
Gas or Oil	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	fluid injected for
Water	Y <input checked="" type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input checked="" type="radio"/> N <input type="radio"/>	Waterflood

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: 