

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

BRADENHEAD TEST REPORT

HOBBS OCD
JUN 16 2020
RECEIVED

Operator Name <i>Chouan</i>	API Number <i>3002512349</i>
Property Name <i>West Hollandside Drilled</i>	Well No <i>56</i>

2. Surface Location

UL - Lot <i>E</i>	Section <i>33</i>	Township <i>23S</i>	Range <i>38E</i>	Feet from <i>2310</i>	NS Line <i>N</i>	Feet from <i>330</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒	SHUT-IN YES ☒	INJECTOR ☒	SWD	OIL	PRODUCER GAS	DATE <i>5/8/2020</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>1350</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>	Type of fluid Entered for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Name: *Bryan Murdock*

Title: *ALCR/WSM*

Email:

Date: *4/23/2020* *5/20/2020*

Phone Number: *432-270-8093*

Signature <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title	Re-test
E-mail Address:	<i>[Signature]</i>
Date:	
Phone	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM

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