

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

BRADENHEAD TEST REPORT

Operator Name <i>Buckeye Disposal</i>		API Number <i>30-025-20980</i>	
Property Name <i>STATE AF</i>		Well No. <i>43</i>	

1. Surface Location

UL - Lot <i>L</i>	Section <i>8</i>	Township <i>18S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ INJ	<i>SWD</i>	PRODUCER OIL	GAS	DATE <i>6-30-20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>Liner + Cemented</i>		<i>0</i>	<i>VAC</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☒
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	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.

Annual BHT

Signature: <i>J.D. Sanyal</i>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test <i>JK</i>	
E-mail Address:			
Date:	Phone:		
Witness: <i>Sam Palmer</i>			

INSTRUCTIONS ON BACK OF THIS FORM