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**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

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COGCC

**BOTTOM HOLE PRESSURE**

1. OGCC Operator Number: <u>27480</u> 2. Name of Operator: <u>Energex Resources Corporation</u> 3. Address: <u>2010 Afton Place</u> City: <u>Farmington</u> State: <u>NM</u> Zip: <u>87401</u>	4. Contact Name and Telephone <u>Vicki Donaghey</u> No: <u>505.325.6800</u> Fax: <u>505.326.6112</u>
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5. API Number: <u>05-007-06263</u> 7. Well Name: <u>Candelaria 32-5</u> 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NE/NW (C) Sec.08 - T32N - R05W</u> 9. County: <u>Archuleta</u> 11. Federal, Indian or State Lease Number: _____ 12. Well Elevation: <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL <u>6295</u> feet. 13. Bottom Hole Pressure <u>1178</u> psia at a depth of <u>3350</u> feet. 14. Date Measured: <u>01/19/09</u> 15. Number of Hours Well Was Shut-In: <u>48</u> hours. 16. Method Used to Obtain Bottom Hole Pressure: <input checked="" type="checkbox"/> Bottom Hole Pressure Recorder <input type="checkbox"/> Surface Pressure and Fluid Level Measurement Used to Calculate BHP: Casing Pressure: _____ Fluid Level: _____ <input type="checkbox"/> Other Method (Specify) _____ _____ 17. Formation: <u>Fruitland Coal</u> 18. Completed Interval (Net Footage): <u>1721'</u> 19. Production Rates: Gas: <u>700</u> mcf/d Water: <u>100</u> bpd Date Reported: <u>01/19/09</u> 20. Flowing Tubing Pressure: <u>1113</u> psi 21. Flowing Casing Pressure: <u>1113</u> psi 22. Type of Production: <input type="checkbox"/> Downhole Pump <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Plunger <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other: _____ 23. Bottom Hole Temperature (temperature of produced water at well head can be used): <u>120</u> <input checked="" type="checkbox"/> F or <input type="checkbox"/> C 24. Method of Temperature Measurement: <input checked="" type="checkbox"/> Bottom Hole Temperature <input type="checkbox"/> Produced Water Measurement 25. Comments: _____ _____ _____	6. OGCC Lease No.: _____ Well Number: <u># 8-4</u> 10. Field Name <u>Ignacio Blanco</u>
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Vicki Donaghey

Signed: *Vicki Donaghey* Title: Regulatory Analyst Date: 01/23/09