

JUL 17 2015

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

RECEIVED

BRADENHEAD TEST REPORT

OGRIO # 3044

Operator Name <i>Burgundy Oil & Gas of NM, Inc.</i>	API Number <i>30-025-02165</i>
Property Name <i>State Vacuum Unit</i>	Well No. <i>3</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>D</i>	<i>32</i>	<i>17S</i>	<i>34E</i>	<i>660</i>	<i>N</i>	<i>660</i>	<i>W</i>	<i>Lea</i>	<input checked="" type="checkbox"/>

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
YES	YES	INJ	GAS	<i>5/4/15</i>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	<i>N/A</i>	<i>N/A</i>	<i>35</i>	<i>35</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/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.

BS 8/3/2015

Signature: <i>Cindy Campbell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cindy Campbell</i>	Entered into RBDMS
Title: <i>Production Acct.</i>	Re-test
E-mail Address: <i>ccampbell.bogi@att.net</i>	
Date: <i>5/4/15</i>	
Phone: <i>432-684-4033</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015

[Handwritten mark]