

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

AUG 03 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>RESOLUTE NATURAL RESOURCES</b>	API Number <b>3002505177</b>
Property Name <b>BE DICKINSON D</b>	Well No. <b>3</b>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>E</b>	<b>35</b>	<b>14S</b>	<b>39E</b>	<b>1980</b>	<b>N</b>	<b>660</b>	<b>W</b>	<b>LEA</b>

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Case	(E)Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	
<u>Flow Characteristics</u>					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid Injected for Waterhead if apples
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

**TA STATUS EXTENSION**

Signature: <b>MRE Dixon</b>	OIL CONSERVATION DIVISION
Printed name: <b>MRE Dixon</b>	Entered into RBDMS
Title: <b>OPERATIONS SUPERVISOR</b>	Re-test
E-mail Address:	
Date: <b>7/29/15</b>	Phone: <b>432-661-1600</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015