

HOBBS OCD

AUG 24 2017

RECEIVED

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

BRADENHEAD TEST REPORT

| | | |
|---|--|---------------------------------|
| Operator Name BREITBURN OPERATING, LP | | API Number 30-025-08622-0000 |
| Property Name JALMAT FIELD YATES SAND UNIT | | Well No. 136 |

7. Surface Location

| | | | | | | | | |
|---------------|---------------|------------------|---------------|-------------------|---------------|-------------------|---------------|---------------|
| UL - Lot G | Section 14 | Township 22-S | Range 35-E | Feet from 1980 | N/S Line N | Feet From 1650 | E/W Line E | County LEA |
|---------------|---------------|------------------|---------------|-------------------|---------------|-------------------|---------------|---------------|

Well Status

| | | | | |
|---|---|---|---------------------|-----------------|
| TA'D Well YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR <input checked="" type="checkbox"/> SWD | PRODUCER OIL GAS | DATE 8-22-17 |
|---|---|---|---------------------|-----------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|---|--------------|--------------|---|--------------------|
| Pressure | 0 | | | 0 | 1500 |
| Flow Characteristics | | | | | |
| Puff | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | CO2 |
| Steady Flow | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | WTR |
| Surges | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | GAS |
| Down to nothing | <input checked="" type="checkbox"/> / N | Y / N | Y / N | <input checked="" type="checkbox"/> / N | If applicable type |
| Gas or Oil | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | fluid injected for |
| Water | Y / <input checked="" type="checkbox"/> | Y / N | Y / N | Y / <input checked="" type="checkbox"/> | Waterflood |

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

| | | |
|---|---------------------------|--|
| Signature: | OIL CONSERVATION DIVISION | |
| Printed name: | Entered into RBDMS | |
| Title: | Re-test | |
| E-mail Address: | | |
| Date: 8-22-17 | Phone: | |
| Witness: KERRY FORTNER-OCD 575-399-3221 | | |