

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

HOBBS OCD
 OCT 06 2015
 RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>GP2 Energy</i>		API Number <i>30025105100000</i>	
Property Name <i>New Mexico State M</i>		Well No. <i>20</i>	

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>f</i>	<i>29</i>	<i>22</i>	<i>37</i>	<i>1000</i>	<i>N</i>	<i>1000</i>	<i>W</i>	<i>Lea</i>

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	YES	SHUT-IN	NO	<input checked="" type="checkbox"/> INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>7-29-15</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>0</i>		<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/> WTR <input checked="" type="checkbox"/> GAS <input type="checkbox"/> Type of Fluid Injected for Waterflood if applies.
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>David Shivers</i>	<i>BS 10/14/15</i>	
Printed name: <i>DAVID Shivers</i>	OIL CONSERVATION DIVISION	
Title: <i>Production Foreman</i>	Entered into RBDMS	
E-mail Address: <i>dshivers@gp2energy.com</i>	Re-test <i>BS</i>	
Date: <i>7-29-15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

OCT 16 2015