

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

BRADENHEAD TEST REPORT

Operator Name <i>MAS</i>	API Number <i>30-025-12580</i>
Property Name <i>BV Lynch A Fed</i>	Well No. <i>10</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>C</i>	<i>34</i>	<i>20S</i>	<i>34E</i>	<i>660</i>	<i>N</i>	<i>1980</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>10/29/15</i>
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OBSERVED DATA

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

Signature: <i>Greg Holt</i>	OIL CONSERVATION DIVISION
Printed name: <i>Greg Holt</i>	
Title:	Entered into RBDMS <i>B8</i>
E-mail Address:	Re-test
Date: <i>10/29/15</i>	<i>OCT 29 2015</i>
Phone:	RECEIVED
Witness: <i>Joey Bower</i>	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 04 2015

MA
FW