

APR 21 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Breithurn</i>	API Number <i>30-025-086061</i>
Property Name <i>Core Jalmit Yates Pool Unit</i>	Well No. <i>108</i>

7. Surface Location

UL - Lot <i>L</i>	Section <i>13</i>	Township <i>22</i>	Range <i>35</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>12100</i>	E/W Line <i>W</i>	County <i>Lea</i>
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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 checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>3/4/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	ϕ	ϕ	<i>725</i>
<u>Flow Characteristics</u>					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	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 4-27-16

Signature: <i>Cam Robbins</i>	OIL CONSERVATION DIVISION
Printed name: <i>CAM ROBBINS</i>	Entered into RBDMS <i>KH</i>
Title: <i>Sr. Field Foreman</i>	Re-test
E-mail Address: <i>CAM.ROBBINS@BREITHURN.COM</i>	
Date: <i>3/4/16</i>	Phone: <i>432-425-3001</i>
Witness: <i>[Signature]</i>	

APR 27 2016