

AUG 22 2019

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name BREITBURN OPERATING LP		APN Number 30-025-08608	
Property Name CONE JALMAT YATES POOL UNIT			Well No. 108

1 Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
0	13	22S	35E	660	S	1980	E	Lea

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INU	SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 8-20-19
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OBSERVED DATA

	(A) Surface	(B) Interval 1	(C) Interval 2	(D) Prod. Chng	(E) Other
Pressure	0	0	N/A	0	240
Flow Characteristics					
Foam	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	CO2
Steady Flow	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	WTR
Surges	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	GAS
Down to nothing	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	Injected for
Water	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input type="radio"/> N	Y <input checked="" type="radio"/> N	Waterhead 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:		OIL CONSERVATION DIVISION	
Printed name: Eddie Trujillo		Entered into RBDMS	
Title: Leadman		Re-test	
E-mail Address: eddie.trujillo@mavresources.com			
Date:	Phone: 575-399-3329		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM