

AUG 04 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Trinity EOR LLC</i>	API Number <i>30-025-29542</i>
Property Name <i>Davis</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>0</i>	Section <i>29</i>	Township <i>18S</i>	Range <i>39E</i>	Feet from <i>920</i>	N/S Line <i>S</i>	Feet From <i>350</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL <i>YES</i>	<i>NO</i>	SHUT-IN <i>YES</i>	<i>NO</i>	INJ <i>NO</i>	INJECTOR <i>NO</i>	SWD <i>NO</i>	<i>OIL</i>	PRODUCER <i>NO</i>	GAS <i>NO</i>	DATE <i>7-29-2015</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<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 <i>___</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>___</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>___</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
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.

Slight gas on Production Casing

Signature: <i>[Signature]</i>	<i>PS 8/30/2015</i>
Printed name: <i>Leslie G. Moore 806-893-2789</i>	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS
E-mail Address:	Re-test
Date:	
Phone:	
Witness: <i>Bill Sanchez</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 31 2015