

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

BRADENHEAD TEST REPORT

Operator Name <i>Mexbourne Oil Company</i>	API Number <i>30-025-34520</i>
Property Name <i>Vacuum 18 St</i>	Well No. <i>1</i>

7. Surface Location

UL Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>18</i>	<i>175</i>	<i>35E</i>	<i>1650</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	INJ <input type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>	<i>08/26/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0#</i>				<i>150#</i>
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / N	Injected for
Water	Y / <input checked="" type="checkbox"/>	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.

NM OIL CONSERVATION
 ARTESIA DISTRICT

SEP 02 2015

RECEIVED

BB 9/16/2015

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cade Carter</i>	Entered into RBDMS
Title: <i>Production Engineer</i>	Re-test
E-mail Address: <i>ccarter@mexbourne.com</i>	
Date: <i>08/26/15</i>	Phone: <i>575-390-6155</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

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 SEP 16 2015