

SEP 11 2017

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Poso</i>	API Number <i>30-025-11307</i>
Property Name <i>Langlic JA</i>	Well No. <i>25</i>

7. Surface Location

UL - Lot <i>N</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	SWD	OIL PRODUCER GAS	DATE <i>9/12/17</i>
--	--	------------------------	-----	---------------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>			<i>φ</i>	<i>550</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☒
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	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>K. Townsend</i>	OIL CONSERVATION DIVISION
Printed name: <i>K. Townsend</i>	Entered into RBDMS
Title: <i>Manager</i>	Re-test
E-mail Address: <i>Kyle@PosoResources.com</i>	<i>JMP</i>
Date: <i>9/12/17</i>	
Phone: <i>713-305-9886</i>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM