

SEP 11 2017

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

BRADENHEAD TEST REPORT

Operator Name <i>Pozo</i>	API Number <i>30-025-11313-</i>
Property Name <i>La Angelic JAL</i>	Well No. <i>20 -</i>

7. Surface Location

UL - Lot <i>R</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>LCA -</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	SWD	PRODUCER OIL	GAS	DATE <i>9/7/17 -</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ			ϕ	<i>435 -</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 <i>[Signature]</i>
E-mail Address: <i>Kyle @ Pozo Resources. com</i>	
Date: <i>9/7/17</i>	Phone: <i>713-305-9886</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM