

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

JUL 23 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>MAS</i>		API Number <i>30-025-12580</i>
Property Name <i>BV Lynch A Fed</i>		Well No. <i>10</i>

7 Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>C</i>	<i>34</i>	<i>205</i>	<i>3E</i>	<i>660</i>	<i>N</i>	<i>1980</i>	<i>W</i>	<i>Lea</i>	

Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	OIL PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <i>7/23/18</i>
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OBSERVED DATA

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

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>7/23/18</i>	Witness: <i>[Signature]</i>