

SEP 21 2018

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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>Armstrong</i>		API Number <i>30-025-36251</i>	
Property Name <i>Trinity Bureau</i>		Well No. <i>14</i>	

Surface Location

UL - Lot <i>2</i>	Section <i>23</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LRA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒	SWD ☐	OIL ☐	PRODUCER GAS ☐	DATE <i>8/30/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	ϕ
Flow Characteristics					<i>JAK</i>
Puff	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☒	CO2 —
Steady Flow	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☒	WTR —
Surges	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☒	GAS —
Down to nothing	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☒	Type of Fluid
Gas or Oil	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☒	Injected for
Water	Y/N ☒	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.

Signature: <i>Kyle Alpers</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Kyle Alpers</i>		Entered into RBDMS	
Title: <i>VP Operations</i>		Re-test	
E-mail Address: <i>k.alpers@aecnm.com</i>			
Date: <i>8/30/18</i>	Phone: <i>575 625 2222</i>		
	Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM