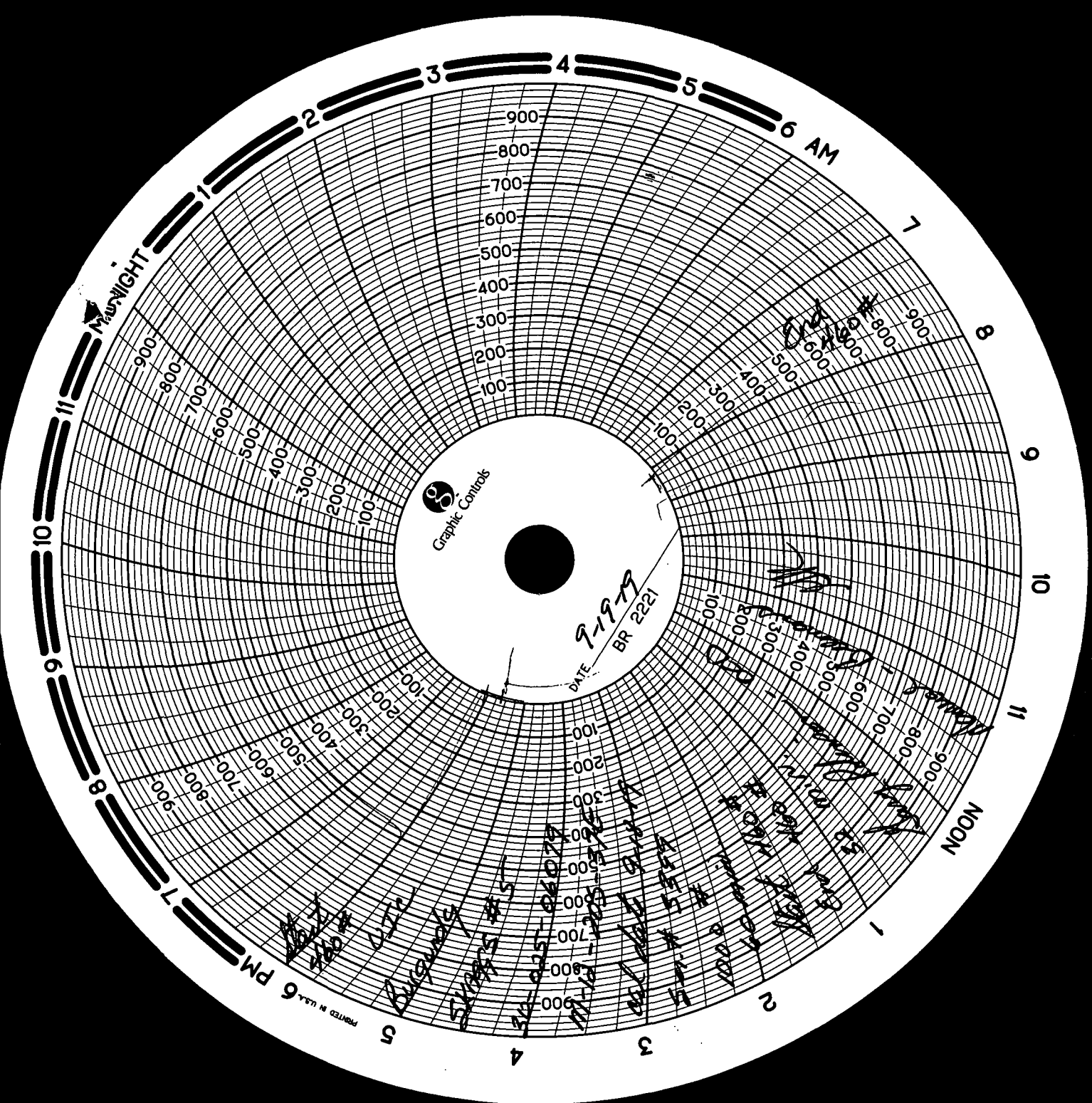


Conditions of Approval (If any):



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

BRADSHAW TEST REPORT

Operator Name Burgundy		API Number 30-015-06079	
Property Name SKAGGS		Well No. #5	

1 Surface Location

UL - Lot 11	Section 12	Township 20S	Range 37E	Feet from 660	N/S Line S	Feet From 660	E/W Line W	County LEA
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER	GAS	DATE 9-19-19
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OBSERVED DATA

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

**UIC
MIT**

Signature: Cindy Campbell		OIL CONSERVATION DIVISION	
Printed name: Cindy Campbell		Entered into RBDMS	
Title: Prod Acct		Re-test	
E-mail Address: ccampbell@burgundy-oil.com			
Date: 9/19/19	Phone: 432-684-4933		
Witness: Ray Holman			

INSTRUCTIONS ON BACK OF THIS FORM