

JUN 06 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Saber oil + Gas Ventures, LLC</i>	API Number <i>30-025-01980</i>
Property Name <i>Lea A state</i>	Well No. <i># 1</i>

7 Surface Location									
UL - Lot <i>F</i>	Section <i>8</i>	Township <i>17</i>	Range <i>34</i>	Feet from <i>1980</i>	N/S Line <i>NORTH</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status												
<input checked="" type="checkbox"/> YES	TA'D WELL	<input checked="" type="checkbox"/> NO	SHUT-IN	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	INJECTOR	INJ	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <i>5/9/16</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>20#</i>	<i>0#</i>
<u>Flow Characteristics</u>					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	WTR ___
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	Injected for
Water	Y / <input checked="" type="checkbox"/> 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.

A) no flow / no gas

Joe JMB

Signature: <i>J. Madcock</i>	OIL CONSERVATION DIVISION
Printed name: <i>J. Madcock</i>	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>J. E. Saber obv</i>	
Date: <i>5/31/16</i>	Phone:
Witness: <i>Carol Flans</i>	