

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

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 OCT 11 2017
 OCS OCS

BRADENHEAD TEST REPORT

Operator Name <i>Primero Operating</i>	API Number <i>30-025-37054</i>
Property Name <i>Albacore 25 Com</i>	Well No. <i>1</i>

Surface Location

UL - Lot <i>N</i>	Section <i>25</i>	Township <i>16S</i>	Range <i>35E</i>	Feet from <i>1310</i>	N/S Line <i>S</i>	Feet From <i>1350</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR <input type="checkbox"/> INJ	SWD	OIL PRODUCER <input checked="" type="checkbox"/> GAS	DATE <i>10/11/17</i>
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OBSERVED DATA

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

T/A STATUS 3 HI

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>10/11/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM