

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

**BRADENHEAD TEST REPORT**

Operator Name <i>Basin Alliance LLC</i>	API Number <i>30-025-28083</i>
Property Name <i>State AJ</i>	Well No. <i>2</i>

<sup>7</sup> Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>6</i>	<i>33</i>	<i>18S</i>	<i>36E</i>	<i>2310N</i>		<i>2310</i>	<i>(E/W)</i>	<i>Lea</i>

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	<i>(SWD)</i>	OIL	GAS	<i>10/3/2014</i>

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	-	-	-	0	0
<u>Flow Characteristics</u>					
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.

**FOR RECORD ONLY**

*BS 10/6/2014*

Signature:	OIL CONSERVATION DIVISION
Printed name: <i>Lugo Naegle</i>	Entered into RBDMS
Title: <i>Safety Coordinator</i>	Re-test
E-mail Address: <i>lnaegle@lucky-services-inc.com</i>	
Date: <i>10/31/2014</i>	Phone: <i>575-370-8510</i>
Witness: <i>Bell Semanaka</i>	

*OCS*

OCT 22 2014

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