

FEB 19 2015

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

RECEIVED

38490

BRADENHEAD TEST REPORT

Operator Name <i>MACK Energy</i>	API Number <i>30-025-37479</i>
Property Name <i>B Lee St.</i>	Well No. <i>7</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>2</i>	<i>7</i>	<i>18S</i>	<i>35E</i>	<i>2310</i>	<i>S</i>	<i>990</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	INJECTOR INJ <input type="checkbox"/>	SWD <input type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>	DATE <i>2/19/15</i>
---	--	---	--	--	------------------------------	---	------------------------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>50</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BB 2/20/2015

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>2/19/15</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

FEB 23 2015

[Handwritten mark]