

FEB 19 2015

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

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Mack Energy</i>	API Number <i>30-025-39970</i>
Property Name <i>Ohio St</i>	Well No. <i>4</i>

Surface Location									
UL - Lot <i>K</i>	Section <i>7</i>	Township <i>18S</i>	Range <i>35E</i>		Feet from <i>2580</i>	N/S Line <i>S</i>	Feet From <i>1350</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR INJ	SWD	PRODUCER OIL	GAS	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>40</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/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.

BS 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

EB 23 2015