

MAR 13 2015

District 1  
1625 E. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0739

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Operator Name<br><b>Merit Energy</b> | API Number<br><b>3002532958</b> |
| Property Name<br><b>VACUUM 31</b>    | Well No.<br><b># 1</b>          |

## 2. Surface Location

|                       |                      |                         |                      |                         |                      |                          |                      |                      |
|-----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| Oil - Lot<br><b>0</b> | Section<br><b>31</b> | Township<br><b>16 S</b> | Range<br><b>35 E</b> | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet From<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|-----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                              |                                                                             |                                                  |                                                                               |                       |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> HAD WELL | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SHUT-IN | INJ <input checked="" type="checkbox"/> INJECTOR | OIL <input type="checkbox"/> PRODUCER <input checked="" type="checkbox"/> GAS | DATE<br><b>3-6-15</b> |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|

## OBSERVED DATA

|                      | (A) Surface                             | (B) Interm(1)                           | (C) Interm(2)                           | (D) Prod Casing                         | (E) Tubing                                        |
|----------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------------------|
| Pressure             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>               |
| Flow Characteristics |                                         |                                         |                                         |                                         |                                                   |
| Puff                 | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | CO2 <input type="checkbox"/>                      |
| Steady Flow          | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | WTR <input type="checkbox"/>                      |
| Surges               | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | GAS <input type="checkbox"/>                      |
| Down to nothing      | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Type of fluid injected for water flood if applies |
| Gas or Oil           | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N |                                                   |
| Water                | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N |                                                   |

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

B8 3/26/2015

|                                                                                                |                            |
|------------------------------------------------------------------------------------------------|----------------------------|
| Signature:  | OIL CONSERVATION DIVISION  |
| Printed name: <b>CHRIS FIGORES</b>                                                             | Entered into RBDMS         |
| Title: <b>FOREMAN</b>                                                                          | Re-test                    |
| E-mail Address: <b>CHRIS.FIGORES@MERITENERGY.COM</b>                                           |                            |
| Date: <b>3-5-15</b>                                                                            | Phone: <b>575 420 5304</b> |
| Witness: <b>CHARLO LYNA</b>                                                                    |                            |

INSTRUCTIONS ON BACK OF THIS FORM

APR 02 2015