

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

APR 22 2015

BRADENHEAD TEST REPORT

RECEIVED ✓

Operator Name <i>Apache Corp</i>	API Number <i>30-025-05722</i>
Property Name <i>NMGSAU</i>	Well No. <i>1103 003</i>

Surface Location

UL - Lot <i>C</i>	Section <i>29</i>	Township <i>19S</i>	Range <i>37E</i>	Feet from <i>Coled</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i> ✓
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <i>(INJ)</i>	SWD	PRODUCER OIL	GAS	DATE <i>4-21-15</i>
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OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure					<i>1020</i>
<u>Flow Characteristics</u>					
Puff	<i>(Y) N</i>	<i>(Y) N</i>	Y / N	<i>(Y) N</i>	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	<i>(Y) N</i>	Y / N	<i>(Y) N</i>	Type of Fluid Injected for Water-flood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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 4/22/2015

Signature: <i>J Ellison</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jim Ellison</i>	Entered into RBDMS
Title: <i>Instrument Tech</i>	Re-test
E-mail Address: <i>J.D.Ellison @ apache corp. com</i>	
Date:	Phone: <i>575-441-7734</i>
	Witness:

INSTRUCTIONS ON BACK OF THIS FORM

MAY 08 2015

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