

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

MAY 5 1 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Oasis Water Solutions</i>	API Number <i>30025-28141-0000</i>
Property Name <i>State MTS</i>	Well No. <i>2</i>

Surface Location

UL - Lot <i>E</i>	Section <i>10</i>	Township <i>19S</i>	Range <i>35E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>510</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 INJ	PRODUCER OIL	GAS	DATE <i>5-15-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csong	(E)Tubing
Pressure	<i>0</i>	<i>0</i>			<i>0</i>
Flow Characteristics					
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 Injected for Waterflood 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.

Need New Sign - has mNA Enterprise Sign.

Stone 3-10-15Ca1

> Failed hit 5/15/2015

FOR RECORD ONLY

BS 5/22/2015

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: <i>Bill Larnamal</i>	

INSTRUCTIONS ON BACK OF THIS FORM

MAY 27 2015

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