

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

JUN 30 2015

BRADENHEAD TEST REPORT

OGRIN # 3044 RECEIVED

Operator Name <i>Burgandy Oil & Gas of NM, Inc.</i>		API Number <i>30-025-06186</i>
Property Name <i>Eunice monument</i>		Well No. <i>32</i>

Surface Location

UL - Lot *m* Section *0* Township *205* Range *37E* Feet from *0* N/S Line *S* Feet From *660* E/W Line *W* County *0*

Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>4/22/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>n/a</i>	<i>n/a</i>	<i>φ</i>	<i>φ</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>φ N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>φ N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies

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

B.S. 7/2/15

Signature: <i>Cindy Campbell</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cindy Campbell</i>	Entered into RBDMS
Title: <i>Production Acct.</i>	Re-test
E-mail Address: <i>ccampbell.bogi@att.net</i>	
Date: <i>4/22/15</i>	
Phone: <i>432-684-4033, X-205</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

JUL 16 2015

[Signature]