

JUL 17 2015

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

RECEIVED

BRADENHEAD TEST REPORT

OGRID # 3044

Operator Name <i>Burgundy Oil & Gas of NM, Inc.</i>	API Number <i>30-025-02174</i>
Property Name <i>STATE Vacuum Unit</i>	Well No. <i>14</i>

Surface Location

UL - Lot <i>5</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	SHUT-IN NO	INJECTOR NO	PRODUCER OIL	DATE <i>5/5/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>50</i>			<i>50</i>	<i>50</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.

BB 8/3/2015

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>5/5/15</i>	
Phone: <i>432-684-4033</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015