

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

AUG 03 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Armstrong Energy Corp.</i>	API Number <i>30-025-32105</i>
Property Name <i>Mobil LEA STATE</i>	Well No. <i>#3</i>

UL - Lot <i>m</i>	Section <i>2</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>870</i>	E/W Line <i>W</i>	County <i>LEA</i>
----------------------	---------------------	------------------------	---------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER OIL	GAS	DATE <i>7-20-15</i>
------------------	----	----------------	----	-----------------	-----	-----------------	-----	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
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
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.

Signature: <i>Rocky Ray</i>	<i>BL 8/20/2015</i>
Printed name: <i>Rocky Ray</i>	OIL CONSERVATION DIVISION
Title: <i>MANAGER</i>	Entered into RBDMS <i>M</i>
E-mail Address:	Re-test
Date: <i>7-20-15</i>	
Phone:	
Witness: <i>Gilbert Cordero</i>	

INSTRUCTIONS ON BACK OF THIS FORM

AUG 28 2015