

AUG 10 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Ligay</i>	API Number <i>30-005 29147</i>
Property Name <i>Rock Queen</i>	Well No. <i>303</i>

Surface Location

UL - Lot <i>H</i>	Section <i>25</i>	Township <i>13S</i>	Range <i>31E</i>	Feet from <i>1880</i>	N/S Line <i>N</i>	Feet from <i>660 E</i>	E/W Line	County <i>Chaves</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	---------------------------	----------	-------------------------

Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ NO	SWD	OIL	PRODUCER GAS	DATE <i>7/30/15</i>
------------------	----	-----	---------------	-----------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>Ø</i>	<i>N/A</i>	<i>N/A</i>	<i>Ø</i>	<i>1025</i>
Flow Characteristics					
Puff	<i>Ø</i> N	Y / N	Y / N	Y / <i>Ø</i>	CO2 <i>X</i>
Steady Flow	Y / <i>Ø</i>	Y / N	Y / N	Y / <i>Ø</i>	WTR <i>—</i>
Surges	Y / <i>Ø</i>	Y / N	Y / N	Y / <i>Ø</i>	GAS <i>—</i>
Down to nothing	<i>Ø</i> / N	Y / N	Y / N	<i>Ø</i> N	Type of Fluid
Gas or Oil	Y / <i>Ø</i>	Y / N	Y / N	Y / <i>Ø</i>	Injected for
Water	Y / <i>Ø</i>	Y / N	Y / N	Y / <i>Ø</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>BS 8/29/2015</i>	OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>7/30/15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015