

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

AUG 07 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>CML Exploration LLC</i>	API Number <i>30-025-37381</i>
Property Name <i>North Twinberry 5 State</i>	Well No. <i>1</i>

Surface Location								
UL - Lot <i>P</i>	Section <i>5</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>720'</i>	N/S Line <i>S</i>	Feet From <i>1100'</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status						DATE
TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ	INJECTOR SWD	OIL	PRODUCER ☒ GAS	<i>8/4/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>340</i>	<i>110</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
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>Jordan Owens</i>	<i>BB 8/30/2015</i>
Printed name: <i>Jordan Owens</i>	OIL CONSERVATION DIVISION
Title: <i>Engineer</i>	Entered into RBDMS
E-mail Address: <i>owensj@cmlexp.com</i>	Re-test
Date: <i>8/4/15</i>	
Phone:	
Witness: <i>Mah Whitman OCD</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015