

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

BRADENHEAD TEST REPORT

Operator Name <i>Membrane Oil Company</i>	API Number <i>30-025-39632</i>
Property Name <i>Marko 8 8+ Can</i>	Well No. <i>1H</i>

7. Surface Location

UL - Lot	Section <i>8</i>	Township <i>17S</i>	Range <i>35E</i>	Feet from <i>460</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>08/26/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0#</i>				<i>150#</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.

NM OIL CONSERVATION

ARTESIA DISTRICT

SEP 02 2015

RECEIVED

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cade Carter</i>	Entered into RBDMS
Title: <i>Production Engineer</i>	Re-test
E-mail Address: <i>ccarter@membrane.com</i>	
Date: <i>08/26/15</i>	Phone: <i>575-390-6155</i>
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015