

SEP 17 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Ram Energy LLC</i>		API Number <i>30-025-12276</i>	
Property Name <i>West Dollarhide Queen sand unit</i>		Well No. <i>24</i>	

Surface Location									
UL - Lot <i>B</i>	Section <i>31</i>	Township <i>24S</i>	Range <i>38E</i>	Feet from <i>330</i>	N/S Line <i>FNL</i>	Feet From <i>1650</i>	E/W Line <i>FEL</i>	County <i>Lea</i>	

Well Status									
TA'D WELL YES	NO	SHUT-IN YES	<u>NO</u>	<u>INJ</u>	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>7-21-15</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>120</i>	<i>1020</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	<u>Y</u> / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / N	Y / N	Y / N	<u>Y</u> / N	GAS ☐
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of fluid injected for waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Run MIT on well.
Failed MIT
Dropping 100psi in 5 minutes shut IN well.*

Signature: <i>Ch</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Chris Labrans</i>		Entered into RBDMS	
Title: <i>SR Production Person</i>		Re-test	
E-mail Address: <i>clabrans@ramenergy.net</i>			
Date: <i>7-21-15</i>	Phone: <i>405-830-1903</i>		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

SEP 28 2015