

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

SEP 17 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Ram Energy LLC</i>	API Number <i>30-025-30305</i>
Property Name <i>West Deltahide Queen Sand Unit</i>	Well No. <i>148</i>

Surface Location									
UL - Lot <i>M</i>	Section <i>32</i>	Township <i>24S</i>	Range <i>38E</i>		Feet from <i>700</i>	N/S Line <i>FSL</i>	Feet From <i>550</i>	E/W Line <i>FWL</i>	County <i>Lea</i>

Well Status

TA'D WELL YES	NO	SHUT-IN ☒ YES	NO	INJECTOR ☒ INJ	SWD	PRODUCER OIL	GAS	DATE <i>7-22-15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>			<i>850</i>	<i>850</i>
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / N	Y / N	Y / N	☒ Y / N	WTR ☒
Surges	Y / N	Y / N	Y / N	Y / 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.

tubing leak or casing leak

Failed

Failed

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Chris H. Anderson</i>	Entered into RBDMS
Title: <i>GL Production Foreman</i>	Re-test
E-mail Address: <i>chandra@ramenergy.net</i>	
Date: <i>7-22-15</i>	Phone: <i>405-838-1903</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 08 2015