

SEP 30 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Crossbards</i>	* API Number <i>30-005-20530</i>
Property Name <i>Miller Fed</i>	Well No. <i>64</i>

7. Surface Location

UL - Lot <i>m</i>	Section <i>34</i>	Township <i>7S</i>	Range <i>31E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>9/8/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>2/π</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	CO2 <i>Wok</i>
Steady Flow	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	WTR <i>X</i>
Surges	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	GAS <i>—</i>
Down to nothing	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Type of Fluid
Gas or Oil	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Injected for
Water	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</i>	Y/N <i>Y</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>Joseph Urban</i>	OIL CONSERVATION DIVISION
Printed name: <i>Joseph Urban</i>	Entered into RBDMS
Title: <i>Lease operator</i>	Re-test
E-mail Address: <i>urban@redmountainresources.com</i>	
Date: <i>9/8/15</i>	
Phone:	
Witness: <i>Greg Zorn</i>	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 18 2015