

OCT 06 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>GPZ Energy</i>	API Number <i>30025239630000</i>
Property Name <i>New Mexico State #4</i>	Well No. <i>75</i>

UL - Lot <i>m</i>	Section <i>20</i>	Township <i>22</i>	Range <i>37</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>1305</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	INJ	INJECTOR SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>8-27-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>1</i>			<i>8</i>	<i>25</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>[Signature]</i>	<i>8/10/15/15</i>
Printed name: <i>David Shivers</i>	OIL CONSERVATION DIVISION
Title: <i>Production Foreman</i>	Entered into RBDMS <i>BS</i>
E-mail Address: <i>dshivers@gpzenergy.com</i>	Re-test
Date: <i>8-27-15</i>	
Phone:	
Witness: <i>Dillard Barrack</i>	

INSTRUCTIONS ON BACK OF THIS FORM

OCT 16 2015