

OCT 06 2015

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

BRADENHEAD TEST REPORT

Operator Name <i>GP 2 Energy</i>		API Number <i>30025241990000</i>	
Property Name <i>New Mexico State</i>		Well No. <i>101</i>	

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>A</i>	<i>19</i>	<i>22</i>	<i>37</i>	<i>990</i>	<i>N</i>	<i>990</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	INJECTOR SWD	PRODUCER <u>OIL</u>	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>-0-</i>			<i>18</i>	<i>24</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
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>David Shivers</i>	<i>BS 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@gp2energy.com</i>	Re-test
Date:	Witness: <i>Dillard BAIRACK</i>

INSTRUCTIONS ON BACK OF THIS FORM

OCT 16 2015