

HOBBS OCD
HOBBS OCD
SEP 21 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Mas Operating Company</u>	API Number <u>300250294000</u>
Property Name <u>Br Lynch A Federal</u>	Well No. <u>002</u>

Surface Location

UL - Lot <u>P</u>	Section <u>34</u>	Township <u>20</u>	Range <u>34</u>	Feet from <u>660</u>	N/S Line <u>S</u>	Feet From <u>660</u>	E/W Line <u>E</u>	County <u>Lea</u>
----------------------	----------------------	-----------------------	--------------------	-------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ INJ	INJECTOR <u>(SWD)</u>	OIL	PRODUCER GAS	DATE
------------------	----	----------------	----	------------	--------------------------	-----	-----------------	------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure					
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
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Water flood if
					applies.

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

Well does not have a braden head - casing hanger
Clamps

Signature: <u>Brantley Heiser</u>	10/5/15 OIL CONSERVATION DIVISION
Printed name: <u>Brantley Heiser</u>	Entered into RBDMS <u>GP AB</u>
Title: <u>Co-Owner</u>	Re-test
E-mail Address: <u>masoperating@att.net</u>	
Date: <u>9-11-2015</u>	
Phone: <u>432-618-0678</u>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

NOV 05 2015