

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

DEC 03 2015

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Foundation Energy</i>	* API Number <i>30-025-33398</i>
Property Name <i>Bitzy Federal SWD</i>	Well No. <i>1</i>

1. Surface Location

UL - Lot <i>H</i>	Section <i>7</i>	Township <i>23S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO <i>X</i>	SHUT-IN YES	NO <i>X</i>	INJ	INJECTOR <i>SWD</i>	OIL	PRODUCER GAS	DATE <i>12/3/15</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>700</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 <i>—</i>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <i>X</i>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <i>—</i>
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	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.

BS 12/9/15

Signature: <i>Elwyn Peterson</i>	OIL CONSERVATION DIVISION
Printed name: <i>Elwyn Peterson</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address:	
Date: <i>12/3/15</i>	Phone:
Witness: <i>Elwyn Peterson</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 09 2015

Onb In