

DEC 11 2015

OAR
well file

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Faskin Oil</i>		API Number <i>30025280640000</i>	
Property Name <i>Ling Federal No. 1 SWD</i>		Well No.	

Surface Location

UL - Lot <i>G</i>	Section <i>31</i>	Township <i>19S</i>	Range <i>34E</i>	Feet from	N/S Line	Feet From	E/W Line	County
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	<i>SWD</i>	PRODUCER OIL	GAS	DATE <i>7-17-15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					<i>1240</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 Field
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>BS 12/11/2015</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS <i>GC</i>	
E-mail Address:		Re-test	
Date: <i>7-17-15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

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