

DEC 08 2015

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Crown Quest Operating</i>		API Number <i>30-025-22932</i>	
Property Name <i>State 27 #02</i>		Well No. <i>2</i>	

2. Surface Location

UL - Lot <i>P</i>	Section <i>27</i>	Township <i>14S</i>	Range <i>32E</i>	Feet from <i>660</i>	N/S Line <i>S</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	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE <i>12-4-2015</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>0</i>		<i>0</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>✓</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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>		OIL CONSERVATION DIVISION	
Printed name: <i>Reubin Collins</i>		Entered into RBDMS <i>[Initials]</i>	
Title: <i>Pumper</i>		Re-test	
E-mail Address: <i>RCPS90@leaco.net</i>			
Date: <i>12-4-2015</i>	Phone:		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM

DEC 21 2015