

DEC 22 2015

RECEIVED

District 3
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>Three Forks Resources</i>	API Number <i>30-025-23667</i>
Property Name <i>STATE CV</i>	Well No. <i>6</i>

* Surface Location

UL - Lot <i>E</i>	Section <i>25</i>	Township <i>19S</i>	Range <i>35E</i>	Feet from <i>1960</i>	N/S Line <i>N</i>	Feet from <i>540</i>	E/W Line <i>W</i>	County <i>LRA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR ☐	SWD ☐	PRODUCER ☒	GAS ☐	DATE <i>5/6/15</i>
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OBSERVED DATA

	(A) Surface	(B) Intermediate	(C) Intermediate	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>100</i>	<i>100</i>
Flow Characteristics					
Pull	<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 fluid Impacted for Workover 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.

Pumping Well

Signature:	<i>BS 12/23/15</i>
Printed name:	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <i>BS GB</i>
E-mail Address:	Re-test
Date: <i>5/6/15</i>	
Witness: <i>Shawn Brown</i>	

INSTRUCTIONS ON BACK OF THIS FORM

DEC 31 2015