

DEC 24 2015

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

BRADENHEAD TEST REPORT

Operator Name <i>Sahara</i>					API Number <i>30-025-08275</i>				
Property Name <i>North E1 MAR</i>					Well No. <i>24</i>				
2. Surface Location									
UL - Lot <i>2</i>	Section <i>23</i>	Township <i>26S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>W</i>	County <i>LCA</i>	
Well Status									
YES	TA'D WELL <i>NO</i>	YES	SHUT-IN <i>NO</i>	INJ <i>NO</i>	SWD	OIL	PRODUCER	GAS	DATE <i>9/18/15</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</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>X</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.

Failed Test on 8-31-2015
Replaced packer, retested 9/18/2015

Signature: <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Robert McAlpine</i>		Entered into RBDMS <i>GB</i>	
Title: <i>President</i>		Re-test	
E-mail Address: <i>ROS@saharsover.com</i>			
Date: <i>9/18/15</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

JAN 05 2016