

DEC 24 2015

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <b>SOGO III LLC</b>	API Number <b>3002524432</b>
Property Name <b>Ingram O State</b>	Well No. <b>2</b>

7. Surface Location

UL - Lot <b>E</b>	Section <b>7</b>	Township <b>24S</b>	Range <b>33 E</b>	Feet from <b>1980</b>	N/S Line <b>N</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>Leq</b>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR <input checked="" type="checkbox"/> SWD	OIL	PRODUCER GAS	DATE <b>12/2/15</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <b>—</b>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <b>X</b>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <b>—</b>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	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: <b>Jackie Washburn</b>	<b>B8 1/5/16</b>
Printed name: <b>Jackie Washburn</b>	OIL CONSERVATION DIVISION
Title:	Entered into RBDMS <b>B8</b>
E-mail Address:	Re-test
Date: <b>12-2-15</b>	Phone:
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

JAN 05 2016

*Handwritten initials/signature*