

HC BS OCD

APR 25 2016

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

BRADENHEAD TEST REPORT

Operator Name <i>Michael</i>	API Number <i>30-025-23099</i> ✓
Property Name <i>Longlie Mattix</i>	Well No. <i>105</i> ✓

7. Surface Location

UL - Lot <i>1</i>	Section <i>28</i>	Township <i>24</i>	Range <i>37</i>	Feet from <i>1690</i>	N/S Line <i>N</i>	Feet From <i>2020</i>	E/W Line <i>W</i>	County <i>Lea</i> ✓
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Well Status

TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJECTOR <i>INJ</i>	SWD	PRODUCER OIL	GAS	DATE <i>3/7/16</i> <i>ay</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>10</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.

Expend TA

BS 4-27-16

Signature: <i>Chalices</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>KH</i>
Title:	Re-test
E-mail Address:	
Date: <i>3/7/16</i>	Phone: <i>575-390-4666</i>
Witness: <i>J. Down</i>	

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