

APR 18 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Sogo</i>	API Number <i>30-025-2534</i>
Property Name <i>SFPR</i>	Well No. <i>18</i>

7. Surface Location

UL - Lot <i>I</i>	Section <i>28</i>	Township <i>95</i>	Range <i>37</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	-----------------------	--------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>3/28/16</i>
--	--	------------------------	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>2 1/2</i>	<i>2 1/2</i>	<i>0</i>	<i>800</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	<i>Y</i> / N	CO2 ☐
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	WTR ☒
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS ☐
Down to nothing	<i>Y</i> / N	Y / N	Y / N	<i>Y</i> / N	Type of Fluid
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Injected for
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	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:		<i>BS 4-29-16</i>	
Printed name:		OIL CONSERVATION DIVISION	
Title:		Entered into RBDMS <i>GP</i>	
E-mail Address:		Re-test	
Date:	Phone:		
Witness: <i>G.B</i>			

APR 29 2016