

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>30-025-25344</i>
Property Name <i>SFPRN</i>	Well No. <i>21</i>

7. Surface Location

UL - Lot <i>0</i>	Section <i>27</i>	Township <i>9S</i>	Range <i>37E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☐ GAS ☐	DATE <i>3/28/16</i>
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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	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</i>	CO2 ☐
Steady Flow	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</i>	WTR ☒
Surges	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</i>	GAS ☐
Down to nothing	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</i>	Type of Fluid
Gas or Oil	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</i>	Injected for
Water	Y / N <i>0</i>	Y / N	Y / N	Y / N <i>0</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:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	<i>CB</i>
Title:		Re-test	
E-mail Address:			
Date: <i>3/28/16</i>	Phone:		
Witness: <i>J. Power</i>			

APR 29 2016