

MAY 20 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <u>Burgundy Oil & Gas of NM Inc</u>	API Number <u>30-025-02172</u>
Property Name <u>State Vacuum Unit</u>	Well No. <u>5</u>

Surface Location									
UL - Lot <u>B</u>	Section <u>32</u>	Township <u>17S</u>	Range <u>34 E</u>	Feet from <u>990</u>	N/S Line <u>N</u>	Feet From <u>2310</u>	E/W Line <u>E</u>	County <u>Lea</u>	

Well Status

TA'D WELL YES ☒	SHUT-IN YES ☒	INJECTOR INJ ☐	SWD ☐	PRODUCER ☒	GAS ☐	DATE <u>4/25/16</u>
---	---	---------------------------------------	------------------------------	--	------------------------------	------------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<u>6</u>			<u>50</u>	<u>50</u>
Flow Characteristics					
Pull	Y / ☒	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	Y / ☒	Y / N	Y / N	Y / N	WTR ☐
Surges	Y / ☒	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	☒ N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / ☒	Y / N	Y / N	Y / N	
Water	Y / ☒	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <u>Cindy Campbell</u>	OIL CONSERVATION DIVISION
Printed name: <u>Cindy Campbell</u>	Entered into RBDMS <u>CF</u>
Title: <u>Production Accountant</u>	Re-test
E-mail Address: <u>ccampbell.bogi@att.net</u>	
Date: <u>4/25/16</u>	Phone: <u>432-684-4033, X-205</u>
Witness: <u>Carl Flower</u>	

INSTRUCTIONS ON BACK OF THIS FORM