

MAY 20 2016

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

BRADENHEAD TEST REPORT

Operator Name <u>Burgundy Oil & Gas of NM Inc</u>	API Number <u>30-025-02173</u>
Property Name <u>State VACUUM unit</u>	Well No. <u>15</u>

Surface Location									
UL - Lot <u>I</u>	Section <u>32</u>	Township <u>17S</u>	Range <u>34E</u>	Feet from <u>1980</u>	N/S Line <u>S</u>	Feet From <u>660</u>	E/W Line <u>E</u>	County <u>Lea</u>	

Well Status		TA'D WELL YES ☐ NO ☒		SHUT-IN YES ☐ NO ☒		INJECTOR INJ ☒ SWD ☐		PRODUCER OIL ☐ GAS ☐		DATE <u>4/25/16</u>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<u>6</u>	<u>6</u>		<u>6</u>	
Flow Characteristics					
Puff	Y / ☒	Y / ☒	Y / N	Y / ☒	CO2 ☐
Steady Flow	Y / ☒	Y / ☒	Y / N	Y / ☒	WTR ☒
Surges	Y / ☒	Y / ☒	Y / N	Y / ☒	GAS ☐
Down to nothing	☒ / N	☒ / N	Y / N	☒ / N	Type of Fluid
Gas or Oil	Y / ☒	Y / ☒	Y / N	Y / ☒	Injected for
Water	Y / ☒	Y / ☒	Y / N	Y / ☒	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: <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>Carol Flowers</u>		

INSTRUCTIONS ON BACK OF THIS FORM