

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 <i>Burgundy Oil & Gas of NM Inc</i>	* API Number <i>30-025-62178</i>
Property Name <i>State Vacuum unit</i>	Well No. <i>10</i>

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

Well Status									
TA'D WELL YES ☒	SHUT-IN YES ☒	INJ	SWD	PRODUCER ☒	GAS	DATE <i>4/25/16</i>			

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>60</i>	<i>60</i>
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 or 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.

BS 5-26-16

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

INSTRUCTIONS ON BACK OF THIS FORM