

**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<br><b>Burgundy Oil &amp; Gas of NM Inc</b> |  | API Number<br><b>30-005-06071</b> |  |
| Property Name<br><b>Skaggs Grayburg unit</b>             |  | Well No.<br><b>5</b>              |  |

| Surface Location     |                      |                        |                     |  |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>M</b> | Section<br><b>12</b> | Township<br><b>20S</b> | Range<br><b>37E</b> |  | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet From<br><b>660</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |

**Well Status**

|                  |           |                |           |                        |     |                 |     |                        |
|------------------|-----------|----------------|-----------|------------------------|-----|-----------------|-----|------------------------|
| TA'D WELL<br>YES | <b>NO</b> | SHUT-IN<br>YES | <b>NO</b> | INJECTOR<br><b>INJ</b> | SWD | PRODUCER<br>OIL | GAS | DATE<br><b>4/26/16</b> |
|------------------|-----------|----------------|-----------|------------------------|-----|-----------------|-----|------------------------|

**OBSERVED DATA**

|                             | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                                                  |
|-----------------------------|--------------|--------------|--------------|--------------|------------------------------------------------------------|
| Pressure                    | <b>Ø</b>     |              |              | <b>Ø</b>     | <b>Vac</b>                                                 |
| <b>Flow Characteristics</b> |              |              |              |              |                                                            |
| Pull                        | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> | CO2 <b>—</b>                                               |
| Steady Flow                 | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> | WTR <b>✓</b>                                               |
| Surges                      | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> | GAS <b>—</b>                                               |
| Down to nothing             | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil                  | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> |                                                            |
| Water                       | <b>Y / Ø</b> | <b>Y / N</b> | <b>Y / N</b> | <b>Y / Ø</b> |                                                            |

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

|                                               |                                   |                              |  |
|-----------------------------------------------|-----------------------------------|------------------------------|--|
| Signature: <b>Lindy Campbell</b>              |                                   | <b>BS 5-26-16</b>            |  |
| Printed name: <b>Lindy Campbell</b>           |                                   | OIL CONSERVATION DIVISION    |  |
| Title: <b>Production Accountant</b>           |                                   | Entered into RBDMS <b>CF</b> |  |
| E-mail Address: <b>lcampbell.bogi@att.net</b> |                                   | Re-test                      |  |
| Date: <b>4/26/16</b>                          | Phone: <b>432-684-4033, X-205</b> |                              |  |
| Witness: <b>Carol Flower</b>                  |                                   |                              |  |

INSTRUCTIONS ON BACK OF THIS FORM