

HOBBS OCD

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

JUN 06 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Saber and Gas Ventures, LLC</i>		API Number <i>30-025-01981</i>
Property Name <i>Lea A state</i>		Well No. <i>#2</i>

7. Surface Location									
UL - Lot <i>K</i>	Section <i>8</i>	Township <i>17</i>	Range <i>34</i>		Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status						DATE
TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO	INJECTOR ☐ INJ ☐ SWD	PRODUCER ☒ OIL ☐ GAS			<i>5/9/16</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>0</i>			<i>30"</i>	<i>0"</i>
Flow Characteristics					
Puff	☒ Y ☐ N	Y / N	Y / N	Y / N	CO2 ☐
Steady Flow	☐ Y ☒ N	Y / N	Y / N	Y / N	WTR ☐
Surges	☐ Y ☒ N	Y / N	Y / N	Y / N	GAS ☐
Down to nothing	☒ Y ☐ N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	☐ Y ☒ N	Y / N	Y / N	Y / N	Injected for
Water	☐ Y ☒ N	Y / N	Y / N	Y / N	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.

no pri / no flow

*LP
5/9/16*

Signature: <i>JD Machenault</i>	OIL CONSERVATION DIVISION
Printed name: <i>JD Machenault</i>	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>JD @ Saber 064</i>	
Date: <i>5/31/16</i>	Phone:
Witness: <i>Carol Thomas</i>	