

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 Oil & Gas Ventures, LLC</i>	API Number <i>30-025-01982</i>
Property Name <i>Lea A State</i>	Well No. <i>#3</i>

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

Well Status

TA'D WELL <i>YES</i>	<i>NO</i>	SHUT-IN <i>YES</i>	NO	INJ	INJECTOR <i>NO</i>	SWD	PRODUCER <i>OIL</i>	GAS	DATE <i>5/9/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>50 #</i>	<i>0 #</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 ☐
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR ☐
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS ☐
Down to nothing	<i>N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of Fluid
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Injected for
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	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 psi / no flow
- 50# due to back psi

*In
gaps*

Signature: <i>JD MacNeill</i>	OIL CONSERVATION DIVISION
Printed name: <i>JD MacNeill</i>	Entered into RBDMS
Title:	Re-test
E-mail Address: <i>JD E. Sabar obo</i>	
Date: <i>5/31/16</i>	Phone:
Witness: <i>Carol Flowers</i>	