

MAY 25 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Resolution</i>		API Number <i>30-025-05164</i>
Property Name <i>Shell Maxwell</i>		Well No. <i>1</i>

7. Surface Location

UL - Lot <i>J</i>	Section <i>27</i>	Township <i>14S</i>	Range <i>32E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

YES	TA'D WELL	NO	YES	SHUT-IN	NO	INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>5/19/16</i>
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OBSERVED DATA

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

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

D-Prod Csg - Slight vac. dn to zero - gas

Signature: <i>Wayne Dixon</i>		OIL CONSERVATION DIVISION	
Printed name: <i>WAYNE DIXON</i>		Entered into RBDMS	
Title: <i>OPERATIONS SUPERVISOR</i>		Re-test	
E-mail Address:			
Date: <i>5/19/16</i>	Phone:		
Witness: <i>[Signature]</i>			