

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>Resolute</i>	API Number <i>30-025-07145</i>
Property Name <i>Continental Wallace</i>	Well No. <i>1</i>

7. Surface Location

BL - Lot <i>N</i>	Section <i>6</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	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>NA</i>	<i>NA</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	<i>Y/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>Ø/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.

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