

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>Prostate</i>	API Number <i>30-025-07306</i>
Property Name <i>Fm Holloway</i>	Well No. <i>1</i>

7. Surface Location

UL Lot <i>B</i>	Section <i>13</i>	Township <i>17S</i>	Range <i>38E</i>	Feet from <i>660</i>	N/S Line <i>2</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES	SHUT-IN NO	INJ NO	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 Casing	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>1280</i>
Flow Characteristics					
Pull	<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 <i>X</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to nothing	<i>Y/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.

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:	<i>[Signature]</i>
Date: <i>5/19/16</i>	
Phone:	
Witness: <i>[Signature]</i>	