

MAY 25 2016

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

BRADENHEAD TEST REPORT

Operator Name <i>Resolute</i>		API Number <i>30-025-35995</i>	
Property Name <i>TP Tepe 36</i>		Well No. <i>10</i>	

7. Surface Location

UL - Lot <i>D</i>	Section <i>36</i>	Township <i>14S</i>	Range <i>37E</i>	Feet from <i>350</i>	N/S Line <i>W</i>	Feet From <i>990</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	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ 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>Ø</i>	<i>NA</i>	<i>Ø</i>	<i>Ø</i>
Flow Characteristics					
Puff	<i>Ø/N</i>	<i>Ø/N</i>	<i>Y/N</i>	<i>Ø/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>Ø/N</i>	<i>Ø/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>gnd</i>	
E-mail Address:			
Date: <i>5/19/16</i>	Phone:		
Witness: <i>[Signature]</i>			