

MAY 27 2016

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Stacy</i>	* API Number <i>30 005 00926</i>
Property Name <i>Drockey Queen Sand 1004</i>	Well No. <i>3</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>35</i>	Township <i>135</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒ INJ	SWD	OIL PRODUCER	GAS	DATE <i>5-17-16</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>—</i>	<i>—</i>	<i>0</i>	<i>0425</i>
Flow Characteristics					<i>mb</i>
Puff	Y / ☒ N	Y / N	Y / N	☒ Y / N	CO2 —
Steady Flow	Y / ☒ N	Y / N	Y / N	Y / ☒ N	WTR —
Surges	Y / ☒ N	Y / N	Y / N	Y / ☒ N	GAS —
Down to nothing	☒ Y / N	Y / N	Y / N	☒ Y / N	Type of Fluid
Gas or Oil	Y / ☒ N	Y / N	Y / N	Y / ☒ N	Injected for
Water	Y / ☒ N	Y / N	Y / N	Y / ☒ N	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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Aldo Perra</i>	Entered into RBDMS
Title: <i>Field Supervisor</i>	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>5-17-16</i>	
Phone:	
Witness: <i>Kristen Heady</i>	