

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

AUG 03 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>McGowan Working Partners Inc.</i>	API Number <i>30025022230000</i>
Property Name	Well No. <i>033</i>

7. Surface Location

UL - Lot <i>0</i>	Section <i>35</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1980</i>	E/W Line <i>E</i>	County <i>LCA</i>
----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR INJ	PRODUCER OIL	GAS	DATE <i>3/22/16</i>
------------------	----------------	-----------------	-----------------	-----	------------------------

OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>30</i>	<i>30</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / N	WTR ___
Surges	Y / <i>N</i>	Y / N	Y / N	Y / N	GAS ___
Down to nothing	<i>0</i> / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / N	
Water	Y / <i>N</i>	Y / N	Y / N	Y / N	

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

Signature: <i>Jack Stevenson</i>	OIL CONSERVATION DIVISION
Printed name: <i>JACK STEVENSON</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>3/22/16</i>	Phone: <i>575-631-1083</i>
Witness: <i>[Signature]</i>	