

SEP 01 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>Newbarrne O.I. Company</i>	API Number <i>30-025-24520</i>
Property Name <i>QPOASH</i>	Well No. <i>#27</i>

7. Surface Location

UL - Lot <i>L</i>	Section <i>27</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>1650'</i>	N/S Line <i>S</i>	Feet From <i>990'</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>8/2/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>OK</i>			<i>500#</i>	<i>1500#</i>
Flow Characteristics					
Puff	<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>✓</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 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>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cade Carter</i>	Entered into RBDMS
Title: <i>Production Engineer</i>	Re-test <i>[Signature]</i>
E-mail Address: <i>ccarter@newbarrne.com</i>	
Date: <i>8/2/16</i>	
Phone: <i>575-390-6155</i>	
Witness:	