

AUG 30 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>Pima</i>		API Number <i>30-025 32293</i>	
Property Name <i>GECKO ST. 35</i>		Well No. <i>1</i>	

7. Surface Location

UL Lot <i>35</i>	Section <i>35</i>	Township <i>16S</i>	Range <i>37E</i>	Feet from <i>434</i>	N/S Line <i>N</i>	Feet From <i>1762</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☒	INJECTOR INJ ☐ SWD ☒	PRODUCER OIL ☒ GAS ☐	DATE <i>8/30/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	CO2 <i>WTR</i>
Steady Flow	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	GAS <i>—</i>
Surges	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Type of Fluid
Down to nothing	<i>N</i> / N	Y / N	Y / N	<i>N</i> / N	Injected for
Gas or Oil	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	Waterflood if
Water	Y / <i>N</i>	Y / N	Y / N	Y / <i>N</i>	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>Dyke Carlson</i>		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		<i>[Signature]</i>	
Date: <i>8/30/16</i>	Phone:		
Witness: <i>[Signature]</i>			