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

HOBBS OGD

BRADENHEAD TEST REPORT

Operator Name <i>Breitburn</i>		API Number <i>30-025-41530</i>	
Property Name <i>Encoire M St</i>		Well No. <i>12</i>	

Surface Location

UL - Lot <i>R</i>	Section <i>20</i>	Township <i>22</i>	Range <i>37</i>	Feet from <i>2264</i>	N/S Line <i>E 5</i>	Feet From <i>1702</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 ☐	INJ ☐	INJECTOR SWD ☐	PRODUCER ☒ OIL ☐	GAS ☐	DATE <i>3/7/16</i>
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OBSERVED DATA

	(A) Surface	(B) Interval 1	(C) Interval 2	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>85</i>	<i>200</i>
Flow Characteristics					
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 Injected for Water-based if applies.
Gas or Oil	Y/N ☒	Y/N ☒	Y/N ☐	Y/N ☐	
Water	Y/N ☒	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>Cam Robbins</i>		OIL CONSERVATION DIVISION	
Printed name: <i>CAM Robbins</i>		Entered into RBDMS	
Title: <i>Sr Prod Foreman</i>		Re-test <i>[Signature]</i>	
E-mail Address: <i>CAM.Robbins@breitburn.com</i>			
Date: <i>3/7/16</i>	Phone: <i>432-425-3001</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM