

HOBBS OCD

MAR 16 2017

RECEIVED

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

BRADENHEAD TEST REPORT

|                                                          |  |                                        |
|----------------------------------------------------------|--|----------------------------------------|
| Operator Name<br><b>BURGUNDY OIL &amp; GAS OF NM INC</b> |  | API Number<br><b>30-025-02165-0000</b> |
| Property Name<br><b>STATE VACUUM UNIT</b>                |  | Well No.<br><b>003</b>                 |

7. Surface Location

|                      |                      |                         |                      |                         |                      |                         |                      |                      |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>D</b> | Section<br><b>32</b> | Township<br><b>17-S</b> | Range<br><b>34-E</b> | Feet from<br><b>660</b> | N/S Line<br><b>N</b> | Feet From<br><b>660</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|----------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                         |           |                       |           |                        |                   |                        |                   |                        |
|-------------------------|-----------|-----------------------|-----------|------------------------|-------------------|------------------------|-------------------|------------------------|
| TA'D Well<br><b>YES</b> | <b>NO</b> | SHUT-IN<br><b>YES</b> | <b>NO</b> | INJECTOR<br><b>INJ</b> | SWD<br><b>SWD</b> | PRODUCER<br><b>OIL</b> | GAS<br><b>GAS</b> | DATE<br><b>2/13/17</b> |
|-------------------------|-----------|-----------------------|-----------|------------------------|-------------------|------------------------|-------------------|------------------------|

OBSERVED DATA

|                      | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg  | (E)Tubing          |
|----------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure             | <b>0</b>       | <b>—</b>     | <b>—</b>     | <b>15</b>    | <b>15</b>          |
| Flow Characteristics |                |              |              |              |                    |
| Puff                 | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | CO2 _____          |
| Steady Flow          | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | WTR _____          |
| Surges               | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | GAS _____          |
| Down to nothing      | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | If applicable type |
| Gas or Oil           | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | fluid injected for |
| Water                | <b>Y / N</b>   | <b>Y / N</b> | <b>Y / N</b> | <b>Y / N</b> | Waterflood         |

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

|                                                 |                                   |
|-------------------------------------------------|-----------------------------------|
| Signature: <b>Fred Ferbrache</b>                | OIL CONSERVATION DIVISION         |
| Printed name: <b>Fred Ferbrache</b>             | Entered into RBDMS                |
| Title: <b>Field Superintendent</b>              | Re-test                           |
| E-mail Address: <b>ccampbell.bogic@att.net</b>  |                                   |
| Date: <b>2/13/17</b>                            | Phone: <b>432-684-4033, x-205</b> |
| Witness: <b>KERRY FORTNER- OCD 575-399-3221</b> |                                   |