

APR 26 2017

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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>Pakidin Energy Corp.</i>					API Number <i>30-025-32091</i>				
Property Name <i>STATE BT C</i>					Well No. <i>#6</i>				
Surface Location									
UL - Lat <i>F</i>	Section <i>35</i>	Township <i>11s</i>	Range <i>33E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet from <i>1980</i>	E/W Line <i>W</i>	County <i>LEA</i>	
Well Status									
TA'D WELL ☒ YES ☐ NO	SHUT-IN ☐ YES ☒ NO		INJECTOR ☐ INJ ☒ SWD		PRODUCER ☐ OIL ☐ GAS		DATE <i>4-10-17</i>		

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<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 ☒
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
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if
					applies

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

SWD pump Not running

Signature: <i>Ronnie Rogers</i>		OIL CONSERVATION DIVISION
Printed name: <i>RONNIE ROGERS</i>		Entered into RBDMS
Title:		Re-test <i>AS</i>
E-mail Address:		
Date:	Phone:	
Witness: <i>Mary Robinson OCD</i>		

INSTRUCTIONS ON BACK OF THIS FORM