

JUL 20 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>Remnant</i>		API Number <i>30-005 01097</i>	
Property Name <i>West Cap Queen</i>		Well No. <i>5</i>	

7. Surface Location

UL - Lot <i>I</i>	Section <i>17</i>	Township <i>14S</i>	Range <i>31E</i>	Feet from <i>1980</i>	N/S Line <i>5</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Chaves</i>
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Well Status

TA'D WELL YES ☒ NO ☐	SHUT-IN YES ☐ NO ☐	INJECTOR INJ ☒ SWD ☐	PRODUCER OIL ☐ GAS ☐	DATE <i>7/12/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</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 ☐
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.

Signature: <i>Arnie Baera</i>		OIL CONSERVATION DIVISION	
Printed name: <i>ARNIE BAERA</i>		Entered into RBDMS	
Title: <i>Lease Operator</i>		Re-test	
E-mail Address:		<i>[Signature]</i>	
Date: <i>7-12-17</i>	Phone:		
	Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM