

HOBBS OCD

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

AUG 28 2017

RECEIVED

BRADENHEAD TEST REPORT

|                                        |                                      |
|----------------------------------------|--------------------------------------|
| Operator Name<br><b>SABE OIL + GAS</b> | * API Number<br><b>30-025-01980-</b> |
| Property Name<br><b>LEA A STATE</b>    | Well No.<br><b>#001-</b>             |

7. Surface Location

|                        |                     |                        |                     |                          |                      |                          |                      |                      |
|------------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>C F</b> | Section<br><b>8</b> | Township<br><b>17s</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet From<br><b>1980</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|------------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                                                 |                                                                            |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO <input type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input type="radio"/> SWD <input type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input type="radio"/> | DATE<br><b>8-21-17</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod C'sng | (E) Tubing                   |
|----------------------|-------------|---------------|---------------|----------------|------------------------------|
| Pressure             | <b>0</b>    | <b>N/A</b>    | <b>N/A</b>    | <b>25</b>      | <b>25</b>                    |
| Flow Characteristics |             |               |               |                |                              |
| Puff                 | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | CO2 <input type="checkbox"/> |
| Steady Flow          | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | WTR <input type="checkbox"/> |
| Surges               | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | GAS <input type="checkbox"/> |
| Down to nothing      | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | Type of Fluid                |
| Gas or Oil           | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | Injected for                 |
| Water                | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>     | 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:                    | OIL CONSERVATION DIVISION |
| Printed name:                 | Entered into RBDMS        |
| Title:                        | Re-test <b>gmb</b>        |
| E-mail Address:               |                           |
| Date:                         |                           |
| Phone:                        |                           |
| Witness: <b>Gary Robinson</b> |                           |
|                               |                           |

389-3220

INSTRUCTIONS ON BACK OF THIS FORM