

SEP 11 2017

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Poso</i>		API Number <i>30-025-11442</i>	
Property Name <i>Langlie JA</i>		Well No. <i>39</i>	

7. Surface Location

UL - Lot <i>D</i>	Section <i>4</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>La</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR ☒ INJ	SWD	PRODUCER OIL ☐ GAS ☐	DATE <i>9/7/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>			<i>φ</i>	<i>530</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
Gas or Oil	Y / ☒ N	Y / N	Y / N	Y / ☒ N	Injected for
Water	Y / ☒ N	Y / N	Y / N	Y / ☒ N	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>K. Tomsat</i>		OIL CONSERVATION DIVISION	
Printed name: <i>9/7/17 Kyle Tomsat</i>		Entered into RBDMS	
Title: <i>Manager</i>		Re-test	
E-mail Address: <i>Kyle@PosoResources.com</i>		<i>[Signature]</i>	
Date: <i>9/7/17</i>	Phone: <i>713-305-9886</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM