

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

BRADENHEAD TEST REPORT

RECEIVED

OCT 20 2017

HOBBS OGD

| | |
|---------------------------------------|-------------------------------------|
| Operator Name BC OPERATIONS | * API Number 30-025-23708 |
| Property Name Government E | Well No. 1 |

2. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot N | Section 25 | Township 19S | Range 34E | Feet from 610 | N/S Line 5 | Feet From 1880 | E/W Line W | County Lea |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|




Well Status

| | | | | | | | |
|-------------------------|-----------|-----------------------|-----------|------------------|------------------------|----------------------------|-------------------------|
| TA'D WELL YES | NO | SHUT-IN YES | NO | INJ NO | INJECTOR SWD | OIL PRODUCER GAS | DATE 10/20/17 |
|-------------------------|-----------|-----------------------|-----------|------------------|------------------------|----------------------------|-------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|--------------|--------------|--------------|--------------|---------------|
| Pressure | ϕ | — | — | ϕ | 1200 |
| 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 | N / N | Y / N | Y / N | N / 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:  | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: |  |
| Date: 10/20/17 | Phone: |
| Witness:  | |

INSTRUCTIONS ON BACK OF THIS FORM