

JUL 23 2018

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name ✓ <i>MAS</i>	API Number <i>30-025-02494</i>
Property Name ✓ <i>BV Lynch A</i>	Well No. <i>2</i>

7. Surface Location

UL Lot <i>19</i>	Section <i>34</i>	Township <i>20S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>LJA</i>
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Well Status

YES <input checked="" type="checkbox"/> PA'D WELL	YES <input checked="" type="checkbox"/> SHUT-IN	INJ <input checked="" type="checkbox"/> INJECTOR	OIL <input checked="" type="checkbox"/> PRODUCER	GAS <input checked="" type="checkbox"/> GAS	DATE <i>7/23/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>N/A</i>			<i>0</i>	<i>-3.5</i>
Flow Characteristics					<i>UAC</i>
Puff	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	WTR —
Surges	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	GAS —
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Injected for
Water	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> 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>Aug Pelt</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date: <i>7/23/18</i>	Phone:
Witness: <i>[Signature]</i>	