

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

AUG 9 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Frontier</i>	API Number <i>30-025-42628</i>
Property Name <i>MAI JAMAN AGI</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>10</i>	Section <i>21</i>	Township <i>17S</i>	Range <i>32E</i>	Feet from <i>400</i>	N/S Line <i>S</i>	Feet From <i>2100</i>	E/W Line <i>E</i>	County <i>LCA</i>
-----------------------	----------------------	------------------------	---------------------	-------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR ☒	SWD	OIL	PRODUCER	GAS	DATE <i>8/9/18</i>
---	---	---	-----	-----	----------	-----	-----------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>5</i>	<i>0</i>	<i>10</i>	<i>0</i>	<i>2147</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.

monitored BH Pressures thru Test - no change

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>8/9/18</i>	Witness: <i>[Signature]</i>