

AUG 13 2018

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

BRADENHEAD TEST REPORT

|                                            |  |                                   |  |
|--------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Burgundy Oil + Gas</i> |  | API Number<br><i>30-025-02168</i> |  |
| Property Name<br><i>- STATE VACUUM</i>     |  | Well No.<br><i>#7</i>             |  |

Surface Location

|                       |                      |                        |                     |                          |                      |                         |                      |                      |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>1E</i> | Section<br><i>32</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>N</i> | Feet From<br><i>660</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|-----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                              |                              |                                                                 |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|------------------------------|-----------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | SWD<br><input type="radio"/> | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><i>6-29-18</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|------------------------------|-----------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                 |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------------------------|
| Pressure             | <i>0</i>   | <i>N/A</i>   | <i>N/A</i>   | <i>0</i>    | <i>0</i>                                                  |
| Flow Characteristics |            |              |              |             |                                                           |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/>                              |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input checked="" type="checkbox"/>                   |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/>                              |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                           |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                           |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

|                                                  |                                      |
|--------------------------------------------------|--------------------------------------|
| Signature<br><i>Cindy Campbell</i>               | OIL CONSERVATION DIVISION            |
| Printed name:<br><i>Cindy Campbell</i>           | Entered into RBDMS                   |
| Title:<br><i>Production Accountant</i>           | Re-test <i>[Signature]</i>           |
| E-mail Address:<br><i>ccampbell.bogi@att.net</i> |                                      |
| Date:<br><i>6/29/18</i>                          | Phone:<br><i>505-684-4033, x-205</i> |
| Witness:<br><i>[Signature]</i>                   |                                      |

INSTRUCTIONS ON BACK OF THIS FORM