

AUG 29 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>30-025-12580</i>
Property Name <i>BV Lynch A Fed</i>	Well No. <i>10</i>

7. Surface Location

UL - Lot <i>1C</i>	Section <i>34</i>	Township <i>00S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR INJ ☒ SWD ☒	PRODUCER OIL ☒ GAS ☒	DATE <i>7/23/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>1AC</i>
Flow Characteristics					<i>-3</i>
Pull	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>Greg Noit</i>	OIL CONSERVATION DIVISION
Printed name: <i>Greg Noit</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address: <i>masoperating@att.net</i>	
Date: <i>7/23/18</i>	
Phone: <i>4325618-0678</i>	
Witness: <i>J. D. Owen</i>	

INSTRUCTIONS ON BACK OF THIS FORM