

SEP 21 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 <i>Armstrong</i>	API Number <i>30-025-36037</i>
Property Name <i>Trinity Bureau</i>	Well No. <i>11</i>

Surface Location									
UL - Lot <i>K</i>	Section <i>22</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>1650</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>LCA</i>	

Well Status									
TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☒	INJECTOR ☒	SWD	OIL	PRODUCER	GAS	DATE <i>8/30/18</i>		

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>-</i>	<i>0</i>	<i>900</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	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>Kyle Alpers</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kyle Alpers</i>	Entered into RBDMS
Title: <i>VP Operations</i>	Re-test
E-mail Address: <i>k.alpers@ecdm.com</i>	
Date: <i>8/30/18</i>	<i>[Signature]</i>
Phone: <i>575 625 2222</i>	
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM