

HOBBS OCD

OCT 23 2019

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <i>Burgundy</i>		API Number <i>30-025-02172</i>
Property Name <i>ST. VACUUM</i>		Well No. <i>#5</i>

1. Surface Location

UL - Lot <i>B</i>	Section <i>32</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>2310</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES ☒ NO	SHUT-IN YES ☒ NO	INJ	INJECTOR SWD ☒ OIL	PRODUCER GAS	DATE <i>9-18-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>0</i>			<i>35</i>	<i>35</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.

BHJ

Signature: <i>Cindy Campbell</i>		OIL CONSERVATION DIVISION
Printed name: <i>Cindy Campbell</i>		Entered into RBDMS
Title: <i>Production Accountant</i>		Re-test <i>[Signature]</i>
E-mail Address: <i>ccampbell@burgundy-oil.com</i>		
Date: <i>9/18/19</i>	Phone: <i>432-684-4033, X-205</i>	
Witness: <i>Ray Robson</i>		

INSTRUCTIONS ON BACK OF THIS FORM