

SEP 20 2018

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

RECEIVED

BRADENHEAD TEST REPORT

| | | |
|--|--|---|
| Operator Name LEASE HOLDERS AQUISITIONS INCORPORATED | | API Number 30-025-01834-00-00 |
| Property Name SOUTH FOUR LAKES UNIT | | Well No. 006 |

7. Surface Location

| | | | | | | | | | |
|----------------------|---------------------|-------------------------|----------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot I | Section 2 | Township 12-S | Range 34-E | | Feet from 1980 | N/S Line S | Feet From 660 | E/W Line E | County LEA |
|----------------------|---------------------|-------------------------|----------------------|--|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | |
|--|--|--|---|------------------------|
| TA'D Well <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD | PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE 9/19/18 |
|--|--|--|---|------------------------|

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|---|---|--------------|---|--------------------|
| Pressure | 0 | 0 | — | 0 | 0 |
| Flow Characteristics | | | | | TA |
| Puff | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | <input checked="" type="checkbox"/> Y / N | CO2 |
| Steady Flow | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | WTR |
| Surges | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | GAS |
| Down to nothing | <input checked="" type="checkbox"/> Y / N | <input checked="" type="checkbox"/> Y / N | Y / N | <input checked="" type="checkbox"/> Y / N | If applicable type |
| Gas or Oil | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | fluid injected for |
| Water | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / N | Y / <input checked="" type="checkbox"/> N | Waterflood |

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

| | | |
|---|--------|---------------------------|
| Signature: | | OIL CONSERVATION DIVISION |
| Printed name: | | Entered into RBDMS |
| Title: | | Re-test |
| E-mail Address: | | |
| Date: 9/19/18 | Phone: | |
| Witness: KERRY FORTNER- OCD 575-399-3221 | | |