

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

## BRADENHEAD TEST REPORT

|                                               |  |                                    |
|-----------------------------------------------|--|------------------------------------|
| Operator Name<br><b>MORNING STAR PARTNERS</b> |  | API Number<br><b>30-025- 40997</b> |
| Property Name<br><b>CVU VACUUM FMT</b>        |  | Well No.<br><b>CVU 437</b>         |

|                    |                      |                        |                     |                         |                      |                          |                      |                      |
|--------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UT Lot<br><b>N</b> | Section<br><b>25</b> | Township<br><b>17s</b> | Range<br><b>34E</b> | Feet from<br><b>576</b> | N/S Line<br><b>S</b> | Feet from<br><b>2180</b> | E/W Line<br><b>W</b> | County<br><b>LEA</b> |
|--------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                                  |                                                                                |                                                                            |                                                                                 |                                                                            |                                                                                  |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| PROD WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJ<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJECTOR<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SWD<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PRODUCER<br><input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><b>9-24-23</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A) Surface                                                      | (B) Interval 1                                                   | (C) Interval 2                                                   | (D) Prod. Casing                                                 | (E) Tubing                                                       |
|----------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Pressure             | <b>0 psi</b>                                                     | <b>0 psi</b>                                                     | <b>N/A</b>                                                       | <b>243 psi</b>                                                   | <b>380 psi</b>                                                   |
| Flow Characteristics |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| Puff                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Steady Flow          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Surges               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Down to nothing      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Gas or Oil           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Water                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

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

|                                        |          |                           |  |
|----------------------------------------|----------|---------------------------|--|
| Signature: <i>Raul Gonzales</i>        |          | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Raul Gonzales</b>     |          | Entered into RBDMS        |  |
| Title: <b>LEASE OPERATOR</b>           |          | Re-test                   |  |
| E-mail Address: <b>@CTFIELDVCS.COM</b> |          |                           |  |
| Date: <b>9-24-23</b>                   | Phone:   |                           |  |
|                                        | Witness: |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 305670

CONDITIONS

|                                                                                |                                                            |
|--------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>MorningStar Operating LLC<br>400 W 7th St<br>Fort Worth, TX 76102 | OGRID:<br>330132                                           |
|                                                                                | Action Number:<br>305670                                   |
|                                                                                | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 1/22/2024      |