

JUL 16 2015

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

RECEIVED

BRADENHEAD TEST REPORT

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Operator Name<br><i>Cameron</i> | API Number<br><i>30-025-29003</i> |
| Property Name<br><i>Gamb.</i>   | Well No.<br><i>1</i>              |

Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>E</i> | Section<br><i>12</i> | Township<br><i>23S</i> | Range<br><i>37E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>N</i> | Feet From<br><i>660</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                  |           |                |           |     |                 |            |                 |                       |
|------------------|-----------|----------------|-----------|-----|-----------------|------------|-----------------|-----------------------|
| TA'D WELL<br>YES | <i>NO</i> | SHUT-IN<br>YES | <i>NO</i> | INJ | INJECTOR<br>SWD | <i>OIL</i> | PRODUCER<br>GAS | DATE<br><i>7/6/15</i> |
|------------------|-----------|----------------|-----------|-----|-----------------|------------|-----------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                    |
|----------------------|------------|--------------|--------------|-------------|------------------------------|
| Pressure             | <i>0</i>   | <i>N/A</i>   | <i>2/A</i>   | <i>20</i>   | <i>30</i>                    |
| Flow Characteristics |            |              |              |             |                              |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/> |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/> |
| 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.

*8/3/2015*

|                             |                           |
|-----------------------------|---------------------------|
| Signature:                  | OIL CONSERVATION DIVISION |
| Printed name:               | Entered into RBDMS        |
| Title:                      | Re-test                   |
| E-mail Address:             |                           |
| Date: <i>7/6/15</i>         | Phone:                    |
| Witness: <i>[Signature]</i> |                           |

INSTRUCTIONS ON BACK OF THIS FORM

AUG 04 2015