

AUG 26 2015

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

RECEIVED

BRADENHEAD TEST REPORT

|                                     |                                |
|-------------------------------------|--------------------------------|
| Operator Name<br><u>Justin Wall</u> | API Number<br><u>300253608</u> |
| Property Name<br><u>TBAV# 13</u>    | Well No.<br><u>13</u>          |

Surface Location

|                      |                      |                        |                      |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><u>H</u> | Section<br><u>22</u> | Township<br><u>12S</u> | Range<br><u>38-E</u> | Feet from<br><u>2310</u> | N/S Line<br><u>N</u> | Feet From<br><u>990</u> | E/W Line<br><u>E</u> | County<br><u>Lea</u> |
|----------------------|----------------------|------------------------|----------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                  |     |     |          |     |                       |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|-----|----------|-----|-----------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL | PRODUCER | GAS | DATE<br><u>8-6-15</u> |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|-----|----------|-----|-----------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod/Cone | (E)Tubing     |
|----------------------|------------|--------------|--------------|--------------|---------------|
| Pressure             | <u>0</u>   | <u>0</u>     |              | <u>100</u>   | <u>800</u>    |
| Flow Characteristics |            | <u>0</u>     |              |              |               |
| Pull                 | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | CO2 <u>  </u> |
| Steady Flow          | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | WTR <u>  </u> |
| Surges               | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | GAS <u>  </u> |
| Down to nothing      | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | Type of Fluid |
| Gas or Oil           | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | Injected for  |
| Water                | <u>Y/N</u> | <u>Y/N</u>   | <u>Y/N</u>   | <u>Y/N</u>   | 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.

Bled down to zero.

|                                     |                                                  |
|-------------------------------------|--------------------------------------------------|
| Signature: <u>Justin Wall</u>       | <u>BS 8/30/2015</u><br>OIL CONSERVATION DIVISION |
| Printed name: <u>Justin Wall</u>    | Entered into RBDMS                               |
| Title: <u>FSA</u>                   | Re-test                                          |
| E-mail Address: <u>LJYK@Chevron</u> |                                                  |
| Date: <u>8-6-15</u>                 | Phone: <u>575-701-6224</u>                       |
| Witness:                            |                                                  |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 03 2015