

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

DEC 17 2014

RECEIVED

BRADENHEAD TEST REPORT

| | | |
|--|--|-----------------------------------|
| Operator Name <i>Dwight Tipton</i> | | API Number <i>30-025-02060</i> |
| Property Name <i>Lead Better Gulf St.</i> | | Well No. <i>2</i> |

Surface Location

| U/L - Lot | Section | Township | Range | Feet from | N/S Line | Feet from | E/W Line | County |
|-----------|-----------|------------|------------|-------------|----------|-------------|----------|------------|
| <i>F</i> | <i>21</i> | <i>17S</i> | <i>34E</i> | <i>1980</i> | <i>N</i> | <i>1980</i> | <i>N</i> | <i>Lea</i> |

Well Status

| | | | | | | | | | | | | |
|-----|-----------|-------------------------------------|-----|---------|-------------------------------------|-----|----------|-----|--------------------------------------|----------|-----|-------------------|
| YES | TA'D WELL | <input checked="" type="radio"/> NO | YES | SHUT-IN | <input checked="" type="radio"/> NO | INJ | INJECTOR | SWD | <input checked="" type="radio"/> OIL | PRODUCER | GAS | DATE |
| | | | | | | | | | | | | <i>12-17-2014</i> |

OBSERVED DATA

| | (A) Surface | (B) Interm 1 | (C) Interm 2 | (D) Producing | (E) Tubing |
|----------------------|-------------|--------------|--------------|---------------|------------------------------|
| Pressure | <i>0</i> | <i>N/A</i> | <i>N/A</i> | <i>21</i> | <i>21</i> |
| Flow Characteristics | | | | | |
| Foam | <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> | Leakage |
| Water | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | Measured If |
| | | | | | applicable |

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

Pumping Well - Pumping

FOR RECORD ONLY

BS 12/17/2014

| | |
|-------------------------------|---------------------------|
| Signature: <i>[Signature]</i> | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: <i>12/17/2014</i> | Phone: |
| Witness: <i>[Signature]</i> | |

DEC 18 2014 *[Signature]*