

IAN 25 2018

RECEIVED

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

BRADENHEAD TEST REPORT

| | | | |
|--------------------------------------|--|-------------------------------------|--|
| Operator Name Energex | | API Number 30-025-01225 ✓ | |
| Property Name Saunders SWD | | Well No. #1 ✓ | |

7. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|----------|------------|------------|------------|----------|------------|----------|------------|
| M | 4 | 153 | 33E | 660 | S | 660 | W | LEA |

Well Status

| | | | | | | | | | |
|---|-----------------------------|---|-----------------------------|---|------------------------------|------------------------------|-----------------------------------|------------------------------|------------------------|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> INJ | <input type="checkbox"/> SWD | <input type="checkbox"/> OIL | <input type="checkbox"/> PRODUCER | <input type="checkbox"/> GAS | DATE 1-25-18 |
|---|-----------------------------|---|-----------------------------|---|------------------------------|------------------------------|-----------------------------------|------------------------------|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csgng | (E)Tubing |
|----------------------|---|---|--------------|---|---------------|
| Pressure | 0 | 0 | N/A | 0 | N/A |
| Flow Characteristics | | | | | |
| Pull | Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y / N | Y / N | Y <input checked="" type="checkbox"/> 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 | Type of Fluid |
| Gas or Oil | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y / N | Y <input checked="" type="checkbox"/> N | Injected for |
| Water | Y <input checked="" type="checkbox"/> N | Y <input checked="" type="checkbox"/> N | Y / N | Y <input checked="" type="checkbox"/> N | 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.

Int. had little water

| | |
|-------------------------------|----------------------------|
| Signature: Tom York | OIL CONSERVATION DIVISION |
| Printed name: TOM YORK | Entered into RBDMS |
| Title: | Re-test [Signature] |
| E-mail Address: | |
| Date: | Phone: [Signature] |
| Witness: Ray Robinson | 575-399-3220 |