

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

JUL 24 2018

RECEIVED

BRADENHEAD TEST REPORT

| | |
|---------------------------------------------|-----------------------------------|
| Operator Name Fulfer O.I. + GAS | API Number 30-025-11642 |
| Property Name S. Langlie JAL Unit | Well No. #18 |

| 7. Surface Location | | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|--|
| UL - Lot E | Section 17 | Township 25S | Range 37E | Feet from 1980 | N/S Line N | Feet From 990 | E/W Line N | County LEA | |

Well Status

| | | | | | | | | |
|------------------------|----|-----------------------|----|------------------------|-----|------------------------|-----|------------------------|
| TAP WELL YES | NO | SHUT-IN YES | NO | INJECTOR INJ | SWD | PRODUCER OIL | GAS | DATE 7-24-18 |
|------------------------|----|-----------------------|----|------------------------|-----|------------------------|-----|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------------------------|
| Pressure | 0 | N/A | N/A | 0 | NONE |
| Flow Characteristics | | | | | |
| Pull | Y/N | Y/N | Y/N | Y/N | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR <input type="checkbox"/> |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of Fluid Injected for Waterflood if applies |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | |
| Water | Y/N | Y/N | Y/N | Y/N | |

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

| | |
|-------------------------------|----------------------------|
| Signature: [Signature] | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test [Signature] |
| E-mail Address: | |
| Date: | |
| Phone: | |
| Witness: [Signature] | |

INSTRUCTIONS ON BACK OF THIS FORM