

AUG 13 2015

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

RECEIVED  
5-12

BRADENHEAD TEST REPORT

|                                                           |                                        |
|-----------------------------------------------------------|----------------------------------------|
| Operator Name<br><i>St. Johns + Johnson Operating Co.</i> | API Number<br><i>300-25-05186</i>      |
| Property Name<br><i>Dexter North Wolfcamp Unit</i>        | Well No.<br><i>Tract 5 well No. 12</i> |

Surface Location

|                      |                      |                        |                     |                          |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>E</i> | Section<br><i>35</i> | Township<br><i>14S</i> | Range<br><i>37E</i> | Feet from<br><i>1980</i> | N/S Line<br><i>N</i> | Feet From<br><i>810</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                      |    |     |                                                   |                                                     |     |     |                 |                       |
|------------------------------------------------------|----|-----|---------------------------------------------------|-----------------------------------------------------|-----|-----|-----------------|-----------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES | NO | YES | SHUT-IN<br><input checked="" type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ | SWD | OIL | PRODUCER<br>GAS | DATE<br><i>8-3-15</i> |
|------------------------------------------------------|----|-----|---------------------------------------------------|-----------------------------------------------------|-----|-----|-----------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface     | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing      |
|----------------------|----------------|--------------|--------------|----------------|----------------|
| Pressure             | <i>0</i>       |              |              | <i>0</i>       | <i>0</i>       |
| Flow Characteristics | <i>nothing</i> |              |              |                | <i>Puff</i>    |
| Puff                 | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | CO2            |
| Steady Flow          | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | WTR            |
| Surges               | <i>Y/N</i>     | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | GAS            |
| 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        |
|                      |                |              |              |                | <i>to zero</i> |

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

|                                        |                           |
|----------------------------------------|---------------------------|
| Signature: <i>Michael H. Petrek</i>    | <i>BB 8/29/2015</i>       |
| Printed name: <i>Michael H. PETREK</i> | OIL CONSERVATION DIVISION |
| Title:                                 | Entered into RBDMS        |
| E-mail Address:                        | Re-test                   |
| Date: <i>8-3-2015</i>                  |                           |
| Phone: <i>432-634-0386</i>             |                           |
| Witness: <i>Bill Semanah</i>           |                           |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 01 2015