

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 393-6161 Fax: (575) 393-0120

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

## BRADENHEAD TEST REPORT

|                                                  |  |                            |  |
|--------------------------------------------------|--|----------------------------|--|
| Operator Name<br>MORNINGSTAR OPERATING LLC       |  | API Number<br>30-025-41369 |  |
| Property Name<br>VACUUM GRAYBURG SAN ANDRES UNIT |  | Well No<br>113             |  |

## 1. Surface Location

|               |              |                 |              |                  |                 |                  |                 |               |
|---------------|--------------|-----------------|--------------|------------------|-----------------|------------------|-----------------|---------------|
| UL - Lot<br>P | Section<br>1 | Township<br>18S | Range<br>34E | Feet from<br>820 | N/S Line<br>FSL | Feet From<br>175 | E/W Line<br>FEL | County<br>LEA |
|---------------|--------------|-----------------|--------------|------------------|-----------------|------------------|-----------------|---------------|

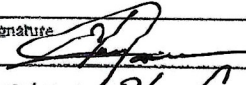
## Well Status

|     |                                                  |     |                                                |     |          |     |                                      |          |     |                 |
|-----|--------------------------------------------------|-----|------------------------------------------------|-----|----------|-----|--------------------------------------|----------|-----|-----------------|
| YES | TA'D WELL<br><input checked="" type="radio"/> NO | YES | SHUT-IN<br><input checked="" type="radio"/> NO | INJ | INJECTOR | SWD | <input checked="" type="radio"/> OIL | PRODUCER | GAS | DATE<br>3-19-24 |
|-----|--------------------------------------------------|-----|------------------------------------------------|-----|----------|-----|--------------------------------------|----------|-----|-----------------|

## OBSERVED DATA

|                      | (A) Surface                          | (B) Intermt(1)                       | (C) Intermt(2) | (D) Prod Casing | (E) Tubing                                                |
|----------------------|--------------------------------------|--------------------------------------|----------------|-----------------|-----------------------------------------------------------|
| Pressure             | 0                                    | 0                                    |                | 100             | 250                                                       |
| Flow Characteristics |                                      |                                      |                |                 |                                                           |
| Puff                 | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> N | Y / N          | Y / N           | CO2                                                       |
| Steady Flow          | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> N | Y / N          | Y / N           | WTR                                                       |
| Surges               | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> N | Y / N          | Y / N           | GAS                                                       |
| Down to nothing      | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> N | Y / N          | Y / N           | Type of fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> N | Y / N          | Y / N           |                                                           |
| Water                | Y <input checked="" type="radio"/> N | Y <input checked="" type="radio"/> 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<br> |                     | OIL CONSERVATION DIVISION |  |
| Printed name, Clay Carmone                                                                       |                     | Entered into RBDMS        |  |
| Title FSA                                                                                        |                     | Re-test                   |  |
| E-mail Address: EGuillen@CNRA-SVCS.com                                                           |                     |                           |  |
| Date: 3-19-24                                                                                    | Phone: 682-478-6731 |                           |  |
| Witness                                                                                          |                     |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 331460

CONDITIONS

|                                                                                |                                                            |
|--------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>MorningStar Operating LLC<br>400 W 7th St<br>Fort Worth, TX 76102 | OGRID:<br>330132                                           |
|                                                                                | Action Number:<br>331460                                   |
|                                                                                | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 5/31/2024      |