

## District 1

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

|                                                    |  |                                   |
|----------------------------------------------------|--|-----------------------------------|
| Operator Name<br><i>Morning Star Operating LLC</i> |  | API Number<br><i>30-025-21364</i> |
| Property Name<br><i>Vacuum Abrasive West Unit.</i> |  | Well No.<br><i># 013</i>          |

## 7. Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>C</i> | Section<br><i>25</i> | Township<br><i>17S</i> | Range<br><i>34E</i> | Feet from<br><i>660</i> | N/S Line<br><i>N</i> | Feet From<br><i>2310</i> | E/W Line<br><i>W</i> | County<br><i>LEA</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                            |                                                                          |                                                                 |                                                                            |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| TA'D Well<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input type="radio"/> SWD <input type="radio"/> | PRODUCER<br><input checked="" type="radio"/> OIL <input type="radio"/> GAS | DATE<br><i>7-26-22</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|

## OBSERVED DATA

|                      | (A)Surf-Interm                         | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing          |
|----------------------|----------------------------------------|--------------|--------------|-------------|--------------------|
| Pressure             | <i>0</i>                               |              |              | <i>38</i>   | <i>250</i>         |
| Flow Characteristics |                                        |              |              |             |                    |
| Puff                 | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | CO2 _____          |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | WTR _____          |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | GAS _____          |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N        | Y / N        | Y / N       | If applicable type |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | fluid injected for |
| Water                | Y / <input checked="" type="radio"/> N | Y / N        | Y / N        | Y / N       | Waterflood         |

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

|                                               |                            |                           |  |
|-----------------------------------------------|----------------------------|---------------------------|--|
| Signature: <i>[Signature]</i>                 |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <i>Cloy Carmona</i>             |                            | Entered into RBDMS        |  |
| Title: <i>FSA</i>                             |                            | Re-test <i>X</i>          |  |
| E-mail Address: <i>Carmen@CTFieldSVCS.com</i> |                            |                           |  |
| Date: <i>7-26-22</i>                          | Phone: <i>682-478-6731</i> |                           |  |
| Witness:                                      |                            |                           |  |

**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 161611

CONDITIONS

|                                                                                |                                                            |
|--------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>MorningStar Operating LLC<br>400 W 7th St<br>Fort Worth, TX 76102 | OGRID:<br>330132                                           |
|                                                                                | Action Number:<br>161611                                   |
|                                                                                | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|                |           |                |
|----------------|-----------|----------------|
| Created By     | Condition | Condition Date |
| timothy.martin | None      | 9/10/2024      |