

District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 393-5161 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><b>MORNINGSTAR OPERATING LLC</b> |  | API Number<br><b>30-025-33850</b> |  |
| Property Name<br><b>NEW MEXICO Q STATE</b>        |  | Well No<br><b>012</b>             |  |

| Surface Location      |                      |                        |                     |  |                         |                       |                          |                        |                      |
|-----------------------|----------------------|------------------------|---------------------|--|-------------------------|-----------------------|--------------------------|------------------------|----------------------|
| UT. - Lot<br><b>O</b> | Section<br><b>25</b> | Township<br><b>17S</b> | Range<br><b>34E</b> |  | Feet from<br><b>400</b> | NS Line<br><b>FSL</b> | Feet From<br><b>1900</b> | E/W Line<br><b>FEL</b> | County<br><b>LEA</b> |

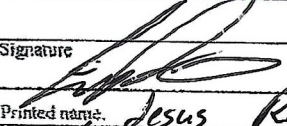
| Well Status                             |           |                             |                                         |         |                             |     |          |     |                                              |     |                        |
|-----------------------------------------|-----------|-----------------------------|-----------------------------------------|---------|-----------------------------|-----|----------|-----|----------------------------------------------|-----|------------------------|
| <input checked="" type="checkbox"/> YES | TA'D WELL | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | SHUT-IN | <input type="checkbox"/> NO | INJ | INJECTOR | SWD | <input checked="" type="checkbox"/> PRODUCER | GAS | DATE<br><b>3-26-25</b> |

**OBSERVED DATA**

|                      | (A)Surface | (B)Intern(1) | (C)Intern(2) | (D)Prod Csg | (E)Tubing                                                                                  |
|----------------------|------------|--------------|--------------|-------------|--------------------------------------------------------------------------------------------|
| Pressure             | <b>0</b>   | <b>0</b>     | <b>N/A</b>   | <b>0</b>    | <b>N/A</b>                                                                                 |
| Flow Characteristics |            |              |              |             |                                                                                            |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2<br>WTR ___<br>GAS ___<br>Type of fluid<br>Indicates for<br>Waterflood if<br>applicable |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                                                            |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                                                            |
| Down to nothing      | <b>N/N</b> | <b>N/N</b>   | <b>Y/N</b>   | <b>N/N</b>  |                                                                                            |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                                                            |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                                                            |

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

*Well is TA*

|                                                                                                  |                            |                           |  |
|--------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--|
| Signature<br> |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Jesus Romero</b>                                                                |                            | Entered into RBDMS        |  |
| Title: <b>Lease Operator</b>                                                                     |                            | Re-test                   |  |
| E-mail Address: <b>JRomero@OilFieldSolutions.com</b>                                             |                            |                           |  |
| Date: <b>3-26-25</b>                                                                             | Phone: <b>682-252-4714</b> |                           |  |
| Witness                                                                                          |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/oed/contact-us>

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

CONDITIONS

Action 451188

CONDITIONS

|                                                                                |                                                            |
|--------------------------------------------------------------------------------|------------------------------------------------------------|
| Operator:<br>MorningStar Operating LLC<br>400 W 7th St<br>Fort Worth, TX 76102 | OGRID:<br>330132                                           |
|                                                                                | Action Number:<br>451188                                   |
|                                                                                | Action Type:<br>[UF-BHT] Bradenhead Test (BRADENHEAD TEST) |

CONDITIONS

|              |           |                |
|--------------|-----------|----------------|
| Created By   | Condition | Condition Date |
| robert.asher | None      | 1/28/2026      |