

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

OCT 08 2014

RECEIVED

BRADENHEAD TEST REPORT

|                                                 |                                  |
|-------------------------------------------------|----------------------------------|
| Operator Name<br><i>ENDURANCE RESOURCES LLC</i> | API Number<br><i>30-02500790</i> |
| Property Name<br><i>HOVER STATE</i>             | Well No.<br><i>2</i>             |

7. Surface Location

|                      |                      |                       |                    |                         |                      |                          |                      |                      |
|----------------------|----------------------|-----------------------|--------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>B</i> | Section<br><i>32</i> | Township<br><i>17</i> | Range<br><i>32</i> | Feet from<br><i>660</i> | N/S Line<br><i>N</i> | Feet From<br><i>1980</i> | E/W Line<br><i>E</i> | County<br><i>LEA</i> |
|----------------------|----------------------|-----------------------|--------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                      |                                                      |                        |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br>INJ <input checked="" type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><i>9-30-14</i> |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                    |
|----------------------|------------|--------------|--------------|-------------|------------------------------|
| Pressure             | $\phi$     | $\phi$       | $\phi$       | $\phi$      | 600                          |
| Flow Characteristics |            |              |              |             |                              |
| Puff                 | 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                |
| Gas or Oil           | Y/N        | Y/N          | Y/N          | Y/N         | Injected for                 |
| Water                | Y/N        | Y/N          | Y/N          | Y/N         | Waterflood if                |
|                      |            |              |              |             | applies.                     |

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

FOR RECORD ONLY

*BS 10/8/2014*

|                                     |                            |
|-------------------------------------|----------------------------|
| Signature: <i>Glenn Roberson</i>    | OIL CONSERVATION DIVISION  |
| Printed name: <i>GLENN ROBERSON</i> | Entered into RBDMS         |
| Title: <i>PROD. SUPT.</i>           | Re-test                    |
| E-mail Address:                     |                            |
| Date: <i>9-30-14</i>                | Phone: <i>575-703-5525</i> |
| Witness: <i>[Signature]</i>         |                            |

OCT 14 2014