

HOBBSOCD

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

FEB 19 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Operator Name<br><b>MACK Energy</b> | API Number<br><b>30-025-29025</b> |
| Property Name<br><b>OWL ST</b>      | Well No.<br><b>1</b>              |

|                      |                      |                       |                    |                         |                      |                         |                      |                      |  |
|----------------------|----------------------|-----------------------|--------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|--|
| 7. Surface Location  |                      |                       |                    |                         |                      |                         |                      |                      |  |
| UL - Lot<br><b>9</b> | Section<br><b>15</b> | Township<br><b>18</b> | Range<br><b>35</b> | Feet from<br><b>660</b> | N/S Line<br><b>S</b> | Feet From<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>LCA</b> |  |

|                  |           |                |           |                       |                  |                  |                       |                  |                        |
|------------------|-----------|----------------|-----------|-----------------------|------------------|------------------|-----------------------|------------------|------------------------|
| Well Status      |           |                |           |                       |                  |                  |                       |                  |                        |
| TA'D WELL<br>YES | <b>NO</b> | SHUT-IN<br>YES | <b>NO</b> | INJECTOR<br><b>NO</b> | SWD<br><b>NO</b> | OIL<br><b>NO</b> | PRODUCER<br><b>NO</b> | GAS<br><b>NO</b> | DATE<br><b>2/19/15</b> |

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | <b>0</b>   | <b>2 1/4</b> | <b>2 1/4</b> | <b>0</b>    | <b>130</b>                                                 |
| Flow Characteristics |            |              |              |             |                                                            |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <b>NO</b>                                              |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <b>NO</b>                                              |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <b>NO</b>                                              |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| 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.

**BS 2/20/2015**

|                                  |                           |
|----------------------------------|---------------------------|
| Signature:<br><b>[Signature]</b> | OIL CONSERVATION DIVISION |
| Printed name:                    | Entered into RBDMS        |
| Title:                           | Re-test                   |
| E-mail Address:                  |                           |
| Date: <b>2/19/15</b>             | Phone:                    |
| Witness: <b>[Signature]</b>      |                           |

INSTRUCTIONS ON BACK OF THIS FORM

FEB 23 2015  
**[Signature]**