

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 391-6161 Fax: (575) 391-0720

HOBBS OCD

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

APR 8 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| Operator Name<br><b>OKY USA INC</b>     | API Number<br><b>30-025-32486</b> |
| Property Name<br><b>Baglus Cade Fea</b> | Well No.<br><b>5</b>              |

Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>N</b> | Section<br><b>35</b> | Township<br><b>23S</b> | Range<br><b>37E</b> | Feet from<br><b>985</b> | N/S Line<br><b>S</b> | Feet from<br><b>1650</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                                                            |                                                                 |                       |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO <input type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br>INJ <input checked="" type="radio"/> SWD <input type="radio"/> | PRODUCER<br>OIL <input type="radio"/> GAS <input type="radio"/> | DATE<br><b>4/7/15</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|

OBSERVED DATA

|                      | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing                                       |
|----------------------|-------------|---------------|---------------|--------------|--------------------------------------------------|
| Pressure             | $\phi$      | $\phi$        | <b>2/4</b>    | $\phi$       | <b>1150</b>                                      |
| Flow Characteristics |             |               |               |              |                                                  |
| Puff                 | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | CO2 <input type="checkbox"/>                     |
| Steady Flow          | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | WTR <input checked="" type="checkbox"/>          |
| Surges               | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | GAS <input type="checkbox"/>                     |
| Down to nothing      | <b>Y/N</b>  | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>   | Type of fluid injected for Waterflood if 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 4/8/2015**

|                                              |                           |
|----------------------------------------------|---------------------------|
| Signature: <b>Alex Estrella</b>              | OIL CONSERVATION DIVISION |
| Printed name: <b>Alex Estrella</b>           | Entered into RBDMS        |
| Title: <b>Production Tech I</b>              | Re-test                   |
| E-mail Address: <b>alex_estrella@oky.com</b> |                           |
| Date: <b>4/7/15</b>                          |                           |
| Phone: <b>575-390-91889</b>                  |                           |
| Witness: <b>George Lowe</b>                  |                           |

INSTRUCTIONS ON BACK OF THIS FORM

APR 14 2015