

JUL 09 2015

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

RECEIVED

## BRADENHEAD TEST REPORT

|                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| Operator Name<br><b>FASKEO OIL AND RANCH LTD.</b> | API Number<br><b>30-025-39340</b> |
| Property Name<br><b>Quail 165T.</b>               | Well No.<br><b>2</b>              |

## Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>N</b> | Section<br><b>16</b> | Township<br><b>20S</b> | Range<br><b>34E</b> | Feet from<br><b>1230</b> | N/S Line<br><b>5</b> | Feet From<br><b>1580</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

## Well Status

|                                                                                  |                                                                                |                                 |                                                 |                                          |                                 |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------|------------------------------------------|---------------------------------|------------------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJ<br><input type="checkbox"/> | INJECTOR<br><input checked="" type="checkbox"/> | OIL PRODUCER<br><input type="checkbox"/> | GAS<br><input type="checkbox"/> | DATE<br><b>6/29/15</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------|------------------------------------------|---------------------------------|------------------------|

## OBSERVED DATA

|                      | (A) Surface                         | (B) Interm(1)            | (C) Interm(2)            | (D) Prod Casing                     | (E) Tubing                                                |
|----------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------|
| Pressure             | <input checked="" type="checkbox"/> |                          |                          | <input checked="" type="checkbox"/> |                                                           |
| Flow Characteristics |                                     |                          |                          |                                     |                                                           |
| Pull                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CO2 <input type="checkbox"/>                              |
| Steady Flow          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | WTR <input type="checkbox"/>                              |
| Surges               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | GAS <input type="checkbox"/>                              |
| Down to nothing      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Type of Fluid<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                           |
| Water                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                           |

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

BS 7/14/2015

|                                   |                           |
|-----------------------------------|---------------------------|
| Signature: <i>Addison Long</i>    | OIL CONSERVATION DIVISION |
| Printed name: Addison Long        | Entered into RBDMS        |
| Title: Regulatory Analyst         | Re-test                   |
| E-mail Address: addisonl@forl.com |                           |
| Date: 6/29/15                     |                           |
| Phone:                            |                           |
| Witness: <i>[Signature]</i>       |                           |

INSTRUCTIONS ON BACK OF THIS FORM

JUL 22 2015