

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

AUG 03 2015

BRADENHEAD TEST REPORT

RECEIVED

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Operator Name<br><i>Seely Oil</i> | API Number<br><i>30-025-34048</i> |
| Property Name<br><i>CEKOPU</i>    | Well No.<br><i>12</i>             |

7. Surface Location

|                      |                     |                        |                     |                          |                      |                         |                      |                      |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>L</i> | Section<br><i>8</i> | Township<br><i>18S</i> | Range<br><i>34E</i> | Feet from<br><i>1650</i> | N/S Line<br><i>S</i> | Feet From<br><i>990</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                                             |                                                                                           |                                                                                  |                                                                                      |                        |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/> | OIL PRODUCER<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><i>7/13/15</i> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <i>0</i>   | <i>N/A</i>   | <i>N/A</i>   | <i>0</i>    | <i>1750</i>                             |
| Flow Characteristics |            |              |              |             |                                         |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/>            |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input checked="" type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/>            |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid                           |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Injected for                            |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | 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.

|                                            |                            |
|--------------------------------------------|----------------------------|
| Signature: <i>Shellie Davis</i>            | <i>BS 8/20/2015</i>        |
| Printed name: <i>Shellie Davis</i>         | OIL CONSERVATION DIVISION  |
| Title: <i>Production Analyst</i>           | Entered into RBDMS         |
| E-mail Address: <i>sdavis@seelyoil.com</i> | Re-test <i>[Signature]</i> |
| Date: <i>7/13/15</i>                       |                            |
| Phone: <i>817-332-1377</i>                 |                            |
| Witness: <i>[Signature]</i>                |                            |

INSTRUCTIONS ON BACK OF THIS FORM

AUG 28 2015