

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

BRADENHEAD TEST REPORT

|                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| Operator Name<br><i>Mewbourn Oil Company</i> | API Number<br><i>30-025-30583-00-00</i> |
| Property Name<br><i>QPBSSU</i>               | Well No.<br><i>2A-1</i>                 |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>D</i> | Section<br><i>24</i> | Township<br><i>18S</i> | Range<br><i>32E</i> | Feet from<br><i>660</i> | N/S Line<br><i>N</i> | Feet From<br><i>660</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                                              |     |     |          |     |                         |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----|-----|----------|-----|-------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> | SWD | OIL | PRODUCER | GAS | DATE<br><i>08/26/15</i> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|-----|-----|----------|-----|-------------------------|

OBSERVED DATA

|                      | (A)Surface                                                 | (B)Interm(1)                                    | (C)Interm(2)                                    | (D)Prod Csg                                                | (E)Tubing                               |
|----------------------|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|-----------------------------------------|
| Pressure             | <i>0#</i>                                                  |                                                 |                                                 | <i>0#</i>                                                  | <i>1760#</i>                            |
| Flow Characteristics |                                                            |                                                 |                                                 |                                                            |                                         |
| Puff                 | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | CO2 <input type="checkbox"/>            |
| Steady Flow          | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/> |
| Surges               | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | GAS <input type="checkbox"/>            |
| Down to nothing      | <input checked="" type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input checked="" type="radio"/> Y <input type="radio"/> N | Type of Fluid                           |
| Gas or Oil           | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> N | Injected for                            |
| Water                | <input type="radio"/> Y <input checked="" type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> Y <input checked="" type="radio"/> 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.

NM OIL CONSERVATION  
ARTESIA DISTRICT

SEP 02 2015

RECEIVED

*Bj 9/16/2015*

|                                             |                           |
|---------------------------------------------|---------------------------|
| Signature: <i>[Signature]</i>               | OIL CONSERVATION DIVISION |
| Printed name: <i>Cade Carter</i>            | Entered into RBDMS        |
| Title: <i>Production Engineer</i>           | Re-test                   |
| E-mail Address: <i>ccarter@mewbourn.com</i> |                           |
| Date: <i>08/26/15</i>                       |                           |
| Phone: <i>575-390-6158</i>                  |                           |
| Witness: <i>[Signature]</i>                 |                           |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 16 2015