State of New Mexico CED An and

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| JEP | Ű, | 8 | 2015 |
|-----|----|---|------|
| | | | |

RECEIVED

| Operator Name XTO Energy, Inc | | | | | 3 API Number 30-025-04932 | | | | | | |
|--|--------------------------|----------------|---------------------------|-----------------|------------------------------|---------------------------|---------------------------------------|-------------------|----------------------------|--|--|
| Property Name Arrowhead Grayburg Unit | | | | | | | Well No. 119 | | | | |
| ⁷ Surface Location | | | | | | | | | | | |
| UL - Lot Section To | ownship Range 21S 36E | | Feet from 660 | | N/S | Line orth | Feet From 1980 | E/W Line West | County Lea | | |
| Well Status | | | | | | | | | | | |
| YES TA'D WELL NO | YES SHUT-IN | NO | NO (INJ) INJECTOR SWD OIL | | | OIL | PRODUCER GAS | ODUCER GAS S-6-15 | | | |
| | | | ر | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| OBSERVED DATA | | | | | | | | | | | |
| | (A)Surface | . <u>(B</u> |) Interm | (1) | (C) Interm(2) | | (D) Pro | d Csng | (E) Tubing | | |
| Pressure | 0 | | NA | | | NA | 9 | 180# | 600 | | |
| Flow Characteristics | | | -/-/ - | | | | | | | | |
| Puff | Y/N | | Y/N | | | Y/N | | Y/N | CO2 WTR | | |
| Steady Flow | Y/N | | Y/N | | | Y/N | | Y/N | GAS _ | | |
| Surges | Y/N | | Y/N | | Y/N | | , I | Y/N | Type of Fluid | | |
| Down to nothing Gas or Oil | | Y/I | | | Y/N | | _ | Ŷ/ N Y / N | Injected for Waterflood if | | |
| Water | Y/N Y/N | | Y/N Y/N | | Y/N | | 1 | Ŷ/ N | applies. | | |
| Remarks – Please state for ea | ch string (A,B,C,D,E) | oertinent info | rmation ~ o A | regarding bleed | down or | continuou | | | | | |
| Circoham | | | | | | BS 9/23/2015 | | | | | |
| Signature of Allen | | | | | - | OIL CONSERVATION DIVISION | | | | | |
| Printed name: GERGE L ALVIDKEZ | | | | |] | Entered into RBDMS | | | | | |
| Title: | · | | | | | | Re-test | | | | |
| E-mail Address: | ···· | | <u> </u> | | | | | | | | |
| Date: 5'-4-15 | Phone: | | | | | | | | | | |
| | Witness: | | _ | | | | | | | | |