

SEP 17 2015

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

RECEIVED

BRADENHEAD TEST REPORT

|                                                        |  |                                   |  |
|--------------------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Ram Energy LLC</i>                 |  | API Number<br><i>30-025-12268</i> |  |
| Property Name<br><i>West Dolk hide Queen sand unit</i> |  | Well No.<br><i>20</i>             |  |

| Surface Location     |                      |                        |                     |  |                         |                        |                          |                        |                      |
|----------------------|----------------------|------------------------|---------------------|--|-------------------------|------------------------|--------------------------|------------------------|----------------------|
| UL - Lpt<br><i>2</i> | Section<br><i>30</i> | Township<br><i>24S</i> | Range<br><i>38E</i> |  | Feet from<br><i>467</i> | N/S Line<br><i>FEL</i> | Feet From<br><i>2310</i> | E/W Line<br><i>FWL</i> | County<br><i>Lea</i> |

Well Status

|                  |    |                |    |                |     |     |                 |     |                        |
|------------------|----|----------------|----|----------------|-----|-----|-----------------|-----|------------------------|
| TA'D WELL<br>YES | NO | SHUT-IN<br>YES | NO | INJECTOR<br>NO | INJ | SWD | PRODUCER<br>OIL | GAS | DATE<br><i>7-21-15</i> |
|------------------|----|----------------|----|----------------|-----|-----|-----------------|-----|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing                         | (E)Tubing                    |
|----------------------|------------|--------------|--------------|----------------------------------------|------------------------------|
| Pressure             | <i>0</i>   |              |              | <i>0</i>                               | <i>900</i>                   |
| Flow Characteristics |            |              |              |                                        |                              |
| Puff                 | Y / N      | Y / N        | Y / N        | <input checked="" type="radio"/> Y / N | CO2 <input type="checkbox"/> |
| Steady Flow          | Y / N      | Y / N        | Y / N        | Y / N                                  | WTR <input type="checkbox"/> |
| Surges               | Y / N      | Y / N        | Y / N        | Y / N                                  | GAS <input type="checkbox"/> |
| Down to nothing      | Y / N      | Y / N        | Y / N        | Y / N                                  | Type of Fluid                |
| Gas or Oil           | Y / N      | Y / N        | Y / N        | Y / N                                  | Injected for                 |
| Water                | Y / N      | Y / N        | Y / N        | Y / 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.

|                                                 |                            |                           |  |
|-------------------------------------------------|----------------------------|---------------------------|--|
| Signature: <i>[Signature]</i>                   |                            | <i>BL 9/25/15</i>         |  |
| Printed name: <i>Chris Lamberson</i>            |                            | OIL CONSERVATION DIVISION |  |
| Title: <i>SK. Production Foreman</i>            |                            | Entered into RBDMS        |  |
| E-mail Address: <i>clamberson@ramenergy.net</i> |                            | Re-test                   |  |
| Date: <i>7-21-15</i>                            | Phone: <i>405-830-1903</i> |                           |  |
| Witness: <i>[Signature]</i>                     |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 28 2015