

SEP 14 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>Shackelford Oil</i>         |  | API Number<br><i>30-025-30791-02-00</i> |
| Property Name<br><i>Lusk West Delaware Unit</i> |  | Well No.<br><i>111</i>                  |

| Surface Location     |                      |                        |                     |  |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>K</i> | Section<br><i>21</i> | Township<br><i>19S</i> | Range<br><i>32E</i> |  | Feet from<br><i>2310</i> | N/S Line<br><i>S</i> | Feet From<br><i>1450</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |

| Well Status         |  |                   |  |                            |  |                     |  |                       |  |
|---------------------|--|-------------------|--|----------------------------|--|---------------------|--|-----------------------|--|
| TA'D WELL<br>YES NO |  | SHUT-IN<br>YES NO |  | INJECTOR<br><i>INJ</i> SWD |  | PRODUCER<br>OIL GAS |  | DATE<br><i>8-3-15</i> |  |

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                                                 |
|----------------------|------------|--------------|--------------|----------------|-----------------------------------------------------------|
| Pressure             | <i>0</i>   |              |              | <i>0</i>       | <i>100</i>                                                |
| Flow Characteristics |            |              |              |                |                                                           |
| Pull                 | <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<br>Injected for<br>Waterflood if<br>applies |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     |                                                           |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     |                                                           |

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

|                                   |        |                           |
|-----------------------------------|--------|---------------------------|
| Signature: <i>Clay Houston</i>    |        | <i>138 9/25/15</i>        |
| Printed name: <i>Clay Houston</i> |        | OIL CONSERVATION DIVISION |
| Title: <i>Operator</i>            |        | Entered into RBDMS        |
| E-mail Address:                   |        | Re-test                   |
| Date:                             | Phone: |                           |
| Witness: <i>[Signature]</i>       |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM

SEP 28 2015