

HOBBS OCD

SEP 30 2015

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

RECEIVED

BRADENHEAD TEST REPORT

| | | |
|--|--|-----------------------------------|
| Operator Name <i>Roswell OPERATING</i> | | API Number <i>30-025-24143</i> |
| Property Name <i>Crossroads Silmar Devonian</i> | | Well No. <i>106</i> |

7. Surface Location

| | | | | | | | | |
|----------------------|----------------------|-----------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot <i>H</i> | Section <i>34</i> | Township <i>9S</i> | Range <i>36E</i> | Feet from <i>1980</i> | N/S Line <i>N</i> | Feet From <i>990</i> | E/W Line <i>E</i> | County <i>Lea</i> |
|----------------------|----------------------|-----------------------|---------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

| | | | | | | |
|------------------|---------------|--------------------------|----------------------------|-----------------|-----|------------------------|
| TA'D WELL YES | NO <i>YES</i> | SHUT-IN NO <i>YES</i> | INJECTOR INJ <i>SWD</i> | PRODUCER OIL | GAS | DATE <i>9/30/15</i> |
|------------------|---------------|--------------------------|----------------------------|-----------------|-----|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing |
|----------------------|------------|--------------|--------------|----------------|---------------|
| Pressure | <i>φ</i> | <i>N/A</i> | <i>N/A</i> | <i>φ</i> | <i>75</i> |
| Flow Characteristics | | | | | |
| Puff | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | CO2 <i>—</i> |
| Steady Flow | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | WTR <i>X</i> |
| Surges | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | <i>Y/N</i> | GAS <i>—</i> |
| 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>[Signature]</i> | | OIL CONSERVATION DIVISION | |
| Printed name: <i>David Romero</i> | | Entered into RBDMS | |
| Title: <i>Foreman/Pumper</i> | | Re-test | |
| E-mail Address: | | | |
| Date: <i>9/30/15</i> | Phone: | | |
| Witness: <i>[Signature]</i> | | | |

INSTRUCTIONS ON BACK OF THIS FORM

OCT 08 2015