

NOV 05 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>Cimmaron</i> | API Number<br><i>30-025-35794</i> |
| Property Name<br><i>Cooper 4</i> | Well No.<br><i>1</i>              |

7. Surface Location

|                      |                     |                        |                     |                         |                      |                          |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>C</i> | Section<br><i>4</i> | Township<br><i>20S</i> | Range<br><i>37E</i> | Feet from<br><i>660</i> | N/S Line<br><i>N</i> | Feet From<br><i>1845</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                                  |                                                                                |                                                                                  |                                                                       |                         |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br>INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/> | PRODUCER<br>OIL <input type="checkbox"/> GAS <input type="checkbox"/> | DATE<br><i>10/14/15</i> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <i>0</i>   | <i>2/A</i>   | <i>2/A</i>   | <i>0</i>    | <i>10</i>                               |
| Flow Characteristics |            |              |              |             |                                         |
| Puff                 | <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                           |
| 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>Jared Swenson</i>              | OIL CONSERVATION DIVISION<br>Entered into RBDMS <i>CB</i><br>Re-test<br><br><br> |
| Printed name: <i>Jared Swenson</i>           |                                                                                  |
| Title: <i>Ass. Foreman</i>                   |                                                                                  |
| E-mail Address: <i>jswenson@cimmaron.com</i> |                                                                                  |
| Date: <i>10/14/15</i>                        |                                                                                  |
| Phone: <i>575-602-3036</i>                   |                                                                                  |
| Witness: <i>[Signature]</i>                  |                                                                                  |

INSTRUCTIONS ON BACK OF THIS FORM

NOV 09 2015