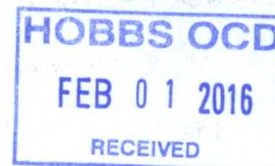


State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office



BRADENHEAD TEST REPORT

Operator Name <i>murchison O. / + GAS</i>	*API Number <i>30-025-34623</i>
Property Name <i>JACKSON SWD</i>	Well No. <i>6</i>

7. Surface Location

UL - Lot <i>H</i>	Section <i>21</i>	Township <i>24S</i>	Range <i>33E</i>	Feet from <i>1649</i>	N/S Line <i>N</i>	Feet From <i>657</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO <i>(circled)</i>	SHUT-IN YES	NO <i>(circled)</i>	INJECTOR INJ	SWD <i>(circled)</i>	OIL PRODUCER OIL	GAS	DATE <i>1/21/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>N/A</i>	<i>N/A</i>	<i>φ</i>	<i>1100</i>
Flow Characteristics					
Pull	<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.

BS 2/3/16

Signature: <i>ML</i>	OIL CONSERVATION DIVISION
Printed name: <i>Mike Huber</i>	Entered into RBDMS <i>GB</i>
Title: <i>Foreman</i>	Re-test
E-mail Address: <i>mhuber@dmii.com</i>	
Date: <i>1/21/16</i>	
Phone:	
Witness: <i>(Signature)</i>	

INSTRUCTIONS ON BACK OF THIS FORM

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

FEB 01 2016

WELL API NO. 30-025-34623
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Jackson Unit SWD
8. Well Number 006
9. OGRID Number 15363
10. Pool name or Wildcat SWD; Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3582' GL

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other - SWD

2. Name of Operator Murchison Oil & Gas, Inc.

3. Address of Operator
7250 Dallas Parkway, Ste. 1400, Plano, TX 75024

4. Well Location

Unit Letter H : 1649 feet from the North line and 657 feet from the East line
Section 21 Township 24S Range 33E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Bradenhead Test Report ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/21/16: Mike Huber met with George Bower, OCD Field Inspector, on location and performed Bradenhead Test (see attached report).

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Vice President Operations DATE 01/26/2016

Type or print name Gary Cooper E-mail address: rcooper@jdmii.com PHONE: 972-931-0700

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 01/31/16

Conditions of Approval (if any):

FEB 04 2016