

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

BRADENHEAD TEST REPORT

Operator Name Cross Timbers Energy, LLC	API Number 3002523979
Property Name North Vacuum ABO Unit	Well No. 169

7. Surface Location

UL - Lot H	Section 13	Township 17S	Range 34E	Feet from 1980	N/S Line FNL	Feet From 660	E/W Line FEL	County LEA
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 2/23/16
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OBSERVED DATA

	(A)Surf-Intern	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure	Ø	n/a	n/a	Ø	3900
<u>Flow Characteristics</u>					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 _____
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS _____
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	If applicable type
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	fluid injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR <input type="checkbox"/>	FRESH <input type="checkbox"/>	SALTY <input type="checkbox"/>	SULFUR <input type="checkbox"/>	BLACK <input type="checkbox"/>
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BS 3/1/16

Signature: <i>Jose Casas</i>	OIL CONSERVATION DIVISION
Printed name: Jose Casas	Entered into RBDMS <i>CB</i>
Title: Lease Operator	Re-test
E-mail Address: <i>JCasas@ctfieldsves.com</i>	
Date: <i>2/23/16</i>	Phone: <i>575-746-7220</i>
Witness: <i>James Brown</i>	

In KH