

MAY 04 2016

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

BRADENHEAD TEST REPORT

|                                                        |                                         |
|--------------------------------------------------------|-----------------------------------------|
| Operator Name<br><b>McGOWAN WORKING PARTNERS, INC.</b> | API Number<br><b>3002502217(0000)</b> ✓ |
| Property Name<br><b>STATE 35 UNIT</b>                  | Well No.<br><b>010</b>                  |

2. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>G</b> | Section<br><b>35</b> | Township<br><b>17E</b> | Range<br><b>34E</b> | Feet from<br><b>1980</b> | N/S Line<br><b>N</b> | Feet from<br><b>1980</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |     |                 |                                                  |     |                        |
|------------------------------------------------------|----------------------------------------------------|-----|-----------------|--------------------------------------------------|-----|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJ | INJECTOR<br>SWD | PRODUCER<br><input checked="" type="radio"/> OIL | GAS | DATE<br><b>3/22/16</b> |
|------------------------------------------------------|----------------------------------------------------|-----|-----------------|--------------------------------------------------|-----|------------------------|

OBSERVED DATA

|                      | (A) Surface    | (B) Intern(1)  | (C) Intern(2) | (D) Prod Casing | (E) Tubing    |
|----------------------|----------------|----------------|---------------|-----------------|---------------|
| Pressure             | <b>φ</b>       | <b>22.4 φ</b>  | <b>N/A</b>    | <b>3φ</b>       | <b>30</b>     |
| Flow Characteristics |                |                |               |                 |               |
| Puff                 | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | CO2           |
| Steady Flow          | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | WTR           |
| Surges               | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | GAS           |
| Down to nothing      | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | Type of Fluid |
| Gas or Oil           | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | Injected for  |
| Water                | Y / N <b>φ</b> | Y / N <b>φ</b> | Y / N         | Y / N           | 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: <b>Jack Stevenson</b>    |                            | OIL CONSERVATION DIVISION    |  |
| Printed name: <b>JACK STEVENSON</b> |                            | Entered into RBDMS <b>OB</b> |  |
| Title: <b>PUMPER</b>                |                            | Re-test                      |  |
| E-mail Address:                     |                            |                              |  |
| Date: <b>3/22/16</b>                | Phone: <b>575-631-1083</b> |                              |  |
| Witness: <b>Bob</b>                 |                            |                              |  |

**IN**  
**OB**