

JUL 25 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><i>Seely</i>                 |                        |                        |                      |                   |                         | API Number<br><i>30-025-34181</i> |                          |                      |                        |
| Property Name<br><i>Central EK Queen Unit</i> |                        |                        |                      |                   |                         | Well No.<br><i>13</i>             |                          |                      |                        |
| 7. Surface Location                           |                        |                        |                      |                   |                         |                                   |                          |                      |                        |
| UL - Lot<br><i>N</i>                          | Section<br><i>7</i>    | Township<br><i>18S</i> | Range<br><i>34E</i>  |                   | Feet from<br><i>330</i> | N/S Line<br><i>S</i>              | Feet From<br><i>2310</i> | E/W Line<br><i>W</i> | County<br><i>2CA</i>   |
| Well Status                                   |                        |                        |                      |                   |                         |                                   |                          |                      |                        |
| YES                                           | TA'D WELL<br><i>NO</i> | YES                    | SHUT-IN<br><i>NO</i> | INJ<br><i>INJ</i> | SWD                     | OIL                               | PRODUCER                 | GAS                  | DATE<br><i>6/27/16</i> |

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                    |
|----------------------|------------|--------------|--------------|-------------|------------------------------|
| Pressure             | <i>0</i>   | <i>21</i>    | <i>21</i>    | <i>0</i>    | <i>1350</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 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>Steve Clingman</i>    |                             | OIL CONSERVATION DIVISION  |  |
| Printed name: <i>Steve Clingman</i> |                             | Entered into RBDMS         |  |
| Title: <i>Consultant</i>            |                             | Re-test <i>[Signature]</i> |  |
| E-mail Address:                     |                             |                            |  |
| Date: <i>6/27/16</i>                | Phone:                      |                            |  |
|                                     | Witness: <i>[Signature]</i> |                            |  |