

HOBBS OCD

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

SEP 01 2016

BRADENHEAD TEST REPORT

RECEIVED

|                                               |  |                                   |  |
|-----------------------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Murbourne Oil Company</i> |  | API Number<br><i>30-025-40000</i> |  |
| Property Name<br><i>Zebra 16 st Cen</i>       |  | Well No.<br><i>#1H</i>            |  |

7. Surface Location

|                      |                      |                        |                     |                          |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>m</i> | Section<br><i>16</i> | Township<br><i>17s</i> | Range<br><i>35E</i> | Feet from<br><i>330'</i> | N/S Line<br><i>S</i> | Feet From<br><i>385'</i> | E/W Line<br><i>W</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                         |                      |                  |                       |                  |                        |                  |                       |
|-------------------------|----------------------|------------------|-----------------------|------------------|------------------------|------------------|-----------------------|
| TA'D WELL<br><i>YES</i> | SHUT-IN<br><i>NO</i> | INJ<br><i>NO</i> | INJECTOR<br><i>NO</i> | SWD<br><i>NO</i> | PRODUCER<br><i>OIL</i> | GAS<br><i>NO</i> | DATE<br><i>8/2/16</i> |
|-------------------------|----------------------|------------------|-----------------------|------------------|------------------------|------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface  | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                    |
|----------------------|-------------|--------------|--------------|-------------|------------------------------|
| Pressure             | <i>250#</i> | <i>6#</i>    |              | <i>50#</i>  | <i>200#</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>[Signature]</i>               |                            | OIL CONSERVATION DIVISION  |  |
| Printed name: <i>Cade Carter</i>            |                            | Entered into RBDMS         |  |
| Title: <i>Production Engineer</i>           |                            | Re-test <i>[Signature]</i> |  |
| E-mail Address: <i>carter@murbourne.com</i> |                            |                            |  |
| Date: <i>8/2/16</i>                         | Phone: <i>575-390-6155</i> |                            |  |
| Witness:                                    |                            |                            |  |