

HOBBBS OCD

FEB 20 2017

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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>Endurance</b> |  | API Number<br><b>30-025-2462</b> |
| Property Name<br><b>Fed 19</b>    |  | Well No.<br><b>1</b>             |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>A</b> | Section<br><b>19</b> | Township<br><b>23S</b> | Range<br><b>34E</b> | Feet from<br><b>660</b> | N/S Line<br><b>N</b> | Feet from<br><b>660</b> | E/W Line<br><b>E</b> | County<br><b>LCA</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                            |                                                                          |                              |                                                  |                              |                                       |                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|--------------------------------------------------|------------------------------|---------------------------------------|------------------------|
| TA'D WELL<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input type="radio"/> NO <input checked="" type="radio"/> | INJ<br><input type="radio"/> | INJECTOR<br><input checked="" type="radio"/> SWD | OIL<br><input type="radio"/> | PRODUCER<br>GAS <input type="radio"/> | DATE<br><b>8/29/16</b> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|--------------------------------------------------|------------------------------|---------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                                  |
|----------------------|------------|--------------|--------------|-------------|------------------------------------------------------------|
| Pressure             | <b>2</b>   | <b>—</b>     | <b>—</b>     | <b>Φ</b>    | <b>700'</b>                                                |
| Flow Characteristics |            |              |              |             |                                                            |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <input checked="" type="checkbox"/>                    |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <input checked="" type="checkbox"/>                    |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | GAS <input type="checkbox"/>                               |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                            |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  |                                                            |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

|                                                          |                           |                                                        |  |
|----------------------------------------------------------|---------------------------|--------------------------------------------------------|--|
| Signature: <b>[Signature]</b>                            |                           | OIL CONSERVATION DIVISION                              |  |
| Printed name: <b>Richard Joy</b>                         |                           | Entered into RBDMS <input checked="" type="checkbox"/> |  |
| Title: <b>Production Superintendent</b>                  |                           | Re-test <b>Accepted for Record Only</b>                |  |
| E-mail Address: <b>richard@enduranceresourcesllc.com</b> |                           |                                                        |  |
| Date: <b>7/29/16</b>                                     | Phone: <b>[Signature]</b> |                                                        |  |
| Witness: <b>[Signature]</b>                              |                           |                                                        |  |

**WMS Brown**  
**2/20/2017**