

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

BRADENHEAD TEST REPORT

|                                            |  |                                   |
|--------------------------------------------|--|-----------------------------------|
| Operator Name<br><b>V-F Petroleum, INC</b> |  | API Number<br><b>30-025-35040</b> |
| Property Name<br><b>STATE 5</b>            |  | Well No.<br><b>001</b>            |

| 7. Surface Location  |                     |                        |                     |                          |                      |                          |                      |                      |  |
|----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|--|
| UL - Lot<br><b>G</b> | Section<br><b>5</b> | Township<br><b>17S</b> | Range<br><b>35E</b> | Feet from<br><b>1600</b> | N/S Line<br><b>N</b> | Feet From<br><b>2500</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |  |

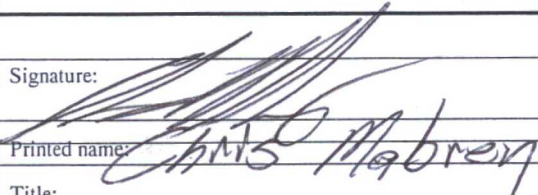
| Well Status      |           |                |           |                  |                  |                        |                        |  |  |
|------------------|-----------|----------------|-----------|------------------|------------------|------------------------|------------------------|--|--|
| TA'D WELL<br>YES | <b>NO</b> | SHUT-IN<br>YES | <b>NO</b> | INJ<br><b>NO</b> | SWD<br><b>NO</b> | PRODUCER<br><b>GAS</b> | DATE<br><b>3-31-17</b> |  |  |

OBSERVED DATA

|                      | (A)Surface              | (B)Interm(1)            | (C)Interm(2) | (D)Prod Csg  | (E)Tubing                                                  |
|----------------------|-------------------------|-------------------------|--------------|--------------|------------------------------------------------------------|
| Pressure             | <b>0</b>                | <b>0</b>                | <b>—</b>     | <b>950</b>   | <b>200</b>                                                 |
| Flow Characteristics |                         |                         |              |              |                                                            |
| Puff                 | <b>Y / <del>N</del></b> | <b><del>Y</del> / N</b> | <b>Y / N</b> | <b>Y / N</b> | CO2 <b>—</b>                                               |
| Steady Flow          | <b>Y / N</b>            | <b>Y / <del>N</del></b> | <b>Y / N</b> | <b>Y / N</b> | WTR <b>—</b>                                               |
| Surges               | <b>Y / <del>N</del></b> | <b>Y / <del>N</del></b> | <b>Y / N</b> | <b>Y / N</b> | GAS <b><u>  </u></b>                                       |
| Down to nothing      | <b><del>Y</del> / N</b> | <b><del>Y</del> / 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 / <del>N</del></b> | <b>Y / <del>N</del></b> | <b>Y / N</b> | <b>Y / N</b> |                                                            |
| Water                | <b>Y / <del>N</del></b> | <b>Y / <del>N</del></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.

**NOT ON UIC LIST**

|                                                                                                   |        |                           |  |
|---------------------------------------------------------------------------------------------------|--------|---------------------------|--|
| Signature:<br> |        | OIL CONSERVATION DIVISION |  |
| Printed name:<br><b>Chris Mabrey</b>                                                              |        | Entered into RBDMS        |  |
| Title:                                                                                            |        | Re-test                   |  |
| E-mail Address:                                                                                   |        | <b>X</b>                  |  |
| Date: <b>3-31-17</b>                                                                              | Phone: |                           |  |
| Witness:                                                                                          |        |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM