

HOBBS OCD

MAY 22 2017

RECEIVED

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

BRADENHEAD TEST REPORT

|                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| Operator Name<br><b>Basic Energy Services, LP</b> | API Number<br><b>30-025-27682</b> |
| Property Name<br><b>Lea</b>                       | Well No.<br><b>002</b>            |

Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><b>A</b> | Section<br><b>17</b> | Township<br><b>23S</b> | Range<br><b>37E</b> | Feet from<br><b>850</b> | N/S Line<br><b>N</b> | Feet From<br><b>950</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 | INJECTOR<br>INJ <input checked="" type="radio"/> SWD | OIL PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><b>5-11-17</b> |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                    |
|----------------------|------------|--------------|--------------|-------------|------------------------------|
| Pressure             | <b>0</b>   |              |              | <b>0</b>    | <b>0</b>                     |
| Flow Characteristics |            |              |              |             | <b>UAC</b>                   |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | CO2 <input type="checkbox"/> |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | WTR <input 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                |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | Injected for                 |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/N</b>  | 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:                         | OIL CONSERVATION DIVISION |
| Printed name:                      | Entered into RBDMS        |
| Title:                             | Re-test                   |
| E-mail Address:                    |                           |
| Date: <b>5-11-17</b>               |                           |
| Phone:                             |                           |
| Witness: <b>Kerry Fortner- OCD</b> |                           |

**399-3221**

INSTRUCTIONS ON BACK OF THIS FORM