

HOBBS OCD  
JUL 03 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>Apache Corporation</b> | *API Number<br><b>#30-025-20031</b> |
| Property Name<br><b>WARN STATE AC 2</b>    | Well No.<br><b>11</b>               |

7. Surface Location

|                      |                     |                        |                     |           |                           |                            |                            |                      |
|----------------------|---------------------|------------------------|---------------------|-----------|---------------------------|----------------------------|----------------------------|----------------------|
| UL - Lot<br><b>L</b> | Section<br><b>6</b> | Township<br><b>18S</b> | Range<br><b>35E</b> | Feet from | N/S Line<br><b>NW 1/4</b> | Feet From<br><b>SW 1/4</b> | E/W Line<br><b>S 1/2 W</b> | County<br><b>Lea</b> |
|----------------------|---------------------|------------------------|---------------------|-----------|---------------------------|----------------------------|----------------------------|----------------------|

Well Status

**1850 5 910 W**

|                                                                                  |                                                                                |                                                                       |                                                                                  |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJECTOR<br><input type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><b>6/29/17</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface   | (B)Interm(1) | (C)Interm(2) | (D)Prod C'sng | (E)Tubing                    |
|----------------------|--------------|--------------|--------------|---------------|------------------------------|
| Pressure             | <b>0</b>     | <b>0</b>     | <b>—</b>     | <b>20</b>     | <b>40</b>                    |
| Flow Characteristics |              |              |              |               |                              |
| 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: <b>Albert De La Cruz</b>                    | OIL CONSERVATION DIVISION  |
| Printed name: <b>Albert De La Cruz</b>                 | Entered into RBDMS         |
| Title: <b>Pumper</b>                                   | Re-test <b>[Signature]</b> |
| E-mail Address: <b>albert.de.lacruz@apachecorp.com</b> |                            |
| Date:                                                  |                            |
| Phone:                                                 |                            |
| Witness: <b>[Signature]</b>                            |                            |