

HOBBS OCD

JUL 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><i>Remnant</i>      | API Number<br><i>30-005-00925</i> |
| Property Name<br><i>Dickey Queen</i> | Well No.<br><i>1</i>              |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                         |                      |                         |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|
| UL - Lot<br><i>A</i> | Section<br><i>35</i> | Township<br><i>13S</i> | Range<br><i>31E</i> | Feet from<br><i>660</i> | N/S Line<br><i>N</i> | Feet From<br><i>660</i> | E/W Line<br><i>E</i> | County<br><i>Chaves</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|-------------------------|

Well Status

|                                                                                       |                                                                                     |                                                                            |                                                      |                        |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> | SHUT-IN<br>YES <input checked="" type="radio"/> NO <input checked="" type="radio"/> | INJECTOR<br><input checked="" type="radio"/> INJ <input type="radio"/> SWD | PRODUCER<br>OIL <input checked="" type="radio"/> GAS | DATE<br><i>7/12/17</i> |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                                        |
|----------------------|------------|--------------|--------------|-------------|--------------------------------------------------|
| Pressure             | <i>Ø</i>   | <i>—</i>     | <i>—</i>     | <i>Ø</i>    | <i>600</i>                                       |
| Flow Characteristics |            |              |              |             |                                                  |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 ____                                         |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR ____                                         |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS ____                                         |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid injected for Waterflood if applies |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                  |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  |                                                  |

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

|                                  |                           |
|----------------------------------|---------------------------|
| Signature: <i>Arnie Baeza</i>    | OIL CONSERVATION DIVISION |
| Printed name: <i>ARNIE BAEZA</i> | Entered into RBDMS        |
| Title: <i>Lease Operator</i>     | Re-test                   |
| E-mail Address:                  |                           |
| Date: <i>7-12-17</i>             |                           |
| Phone:                           |                           |
| Witness: <i>[Signature]</i>      |                           |

INSTRUCTIONS ON BACK OF THIS FORM