

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

HOBBS OCD

JUL 20 2017

RECEIVED

BRADENHEAD TEST REPORT

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| Operator Name<br><i>Remcat</i>       | API Number<br><i>30-005-00900</i> |
| Property Name<br><i>Dickey Queen</i> | Well No.<br><i>9</i>              |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                         |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|
| UL - Lot<br><i>W</i> | Section<br><i>34</i> | Township<br><i>13S</i> | Range<br><i>31E</i> | Feet from<br><i>660</i> | N/S Line<br><i>S</i> | Feet From<br><i>1980</i> | E/W Line<br><i>W</i> | County<br><i>Chaves</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-------------------------|

Well Status

|                                                                                             |                                                                                           |                        |     |     |          |     |                        |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------|-----|-----|----------|-----|------------------------|
| TA'D WELL<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br><i>INJ</i> | SWD | OIL | PRODUCER | 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>0</i>   | <i>—</i>     | <i>—</i>     | <i>0</i>    | <i>200</i>                   |
| Flow Characteristics |            |              |              |             |                              |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2 <input type="checkbox"/> |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR <input type="checkbox"/> |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS <input type="checkbox"/> |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid                |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Injected for                 |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | 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: <i>Arnie Baeza</i>    | OIL CONSERVATION DIVISION  |
| Printed name: <i>ARNIE BAEZA</i> | Entered into RBDMS         |
| Title: <i>Lease Operator</i>     | Re-test <i>[Signature]</i> |
| E-mail Address:                  |                            |
| Date: <i>7-12-17</i>             |                            |
| Phone:                           |                            |
| Witness: <i>[Signature]</i>      |                            |

INSTRUCTIONS ON BACK OF THIS FORM