

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>Remnant</i>    | API Number<br><i>30-025-00284</i> |
| Property Name<br><i>Rock Queen</i> | Well No.<br><i>106</i>            |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><i>N</i> | Section<br><i>19</i> | Township<br><i>13S</i> | Range<br><i>32E</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>Lea</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>INJ <input checked="" type="checkbox"/> | 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>1100</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<br>Injected for<br>Waterflood if<br>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>Baeza</i>            |                           |

INSTRUCTIONS ON BACK OF THIS FORM