

HOBBS OCD

JUL 21 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><b>HPPC</b>              | * API Number<br><b>30-025-12065-0000</b> |
| Property Name<br><b>RHodes YATES unit</b> | Well No.<br><b>006</b>                   |

7. Surface Location

|                      |                      |                        |                     |                         |                      |                          |                      |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>C</b> | Section<br><b>27</b> | Township<br><b>26S</b> | Range<br><b>37E</b> | Feet from<br><b>660</b> | N/S Line<br><b>N</b> | Feet From<br><b>1980</b> | E/W Line<br><b>W</b> | County<br><b>Lea</b> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                                                  |                                                                                |                        |     |     |                 |                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------|-----|-----|-----------------|------------------------|
| TA'D WELL<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SHUT-IN<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INJECTOR<br><b>INJ</b> | SWD | OIL | PRODUCER<br>GAS | DATE<br><b>6-28-17</b> |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------|-----|-----|-----------------|------------------------|

OBSERVED DATA

|                      | (A)Surface          | (B)Interm(1) | (C)Interm(2) | (D)Prod Csing       | (E)Tubing     |
|----------------------|---------------------|--------------|--------------|---------------------|---------------|
| Pressure             | <b>0</b>            | <b>—</b>     | <b>—</b>     | <b>0</b>            | <b>350</b>    |
| Flow Characteristics |                     |              |              |                     |               |
| Puff                 | Y / <b>0</b>        | Y / <b>N</b> | Y / <b>N</b> | Y / <b>0</b>        | CO2 <b>—</b>  |
| Steady Flow          | Y / <b>0</b>        | Y / <b>N</b> | Y / <b>N</b> | Y / <b>0</b>        | WTR <b>—</b>  |
| Surges               | Y / <b>0</b>        | Y / <b>N</b> | Y / <b>N</b> | Y / <b>0</b>        | GAS <b>—</b>  |
| Down to nothing      | <b>0</b> / <b>N</b> | Y / <b>N</b> | Y / <b>N</b> | <b>0</b> / <b>N</b> | Type of Fluid |
| Gas or Oil           | Y / <b>0</b>        | Y / <b>N</b> | Y / <b>N</b> | Y / <b>0</b>        | Injected for  |
| Water                | Y / <b>0</b>        | Y / <b>N</b> | Y / <b>N</b> | Y / <b>0</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: <b>Kerry Fortner</b>                                                             | Entered into RBDMS        |
| Title: <b>VP</b>                                                                               | Re-test <b>XX</b>         |
| E-mail Address:                                                                                |                           |
| Date: <b>6-28-17</b>                                                                           | Phone:                    |
| Witness: <b>Kerry Fortner - OCD</b>                                                            |                           |

575-399-3221

INSTRUCTIONS ON BACK OF THIS FORM