

HOBBS OCD

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

JUL 20 2017

RECEIVED

BRADENHEAD TEST REPORT

|                                           |                                   |
|-------------------------------------------|-----------------------------------|
| Operator Name<br><i>MAS Operating CO.</i> | API Number<br><i>30-025-02494</i> |
| Property Name<br><i>BV Lynch A Fed</i>    | Well No.<br><i>2</i>              |

7. Surface Location

|                    |                      |                        |                     |                         |                      |                         |                      |                      |
|--------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL Lot<br><i>P</i> | Section<br><i>34</i> | Township<br><i>20S</i> | Range<br><i>34E</i> | Feet from<br><i>660</i> | N/S Line<br><i>S</i> | Feet From<br><i>660</i> | E/W Line<br><i>E</i> | County<br><i>Lea</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>INJ <input checked="" type="radio"/> SWD <input checked="" type="radio"/> | PRODUCER<br>OIL <input checked="" type="radio"/> GAS <input checked="" type="radio"/> | DATE<br><i>7/11/17</i> |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing                               |
|----------------------|------------|--------------|--------------|-------------|-----------------------------------------|
| Pressure             | <i>n/a</i> | <i>n/a</i>   | <i>n/a</i>   | <i>Ø</i>    | <i>-25</i>                              |
| Flow Characteristics |            |              |              |             | <i>vac</i>                              |
| Puff                 | Y / N      | Y / N        | Y / N        | Y / N       | CO2 <input checked="" type="checkbox"/> |
| Steady Flow          | Y / N      | Y / N        | Y / N        | Y / N       | WTR <input checked="" type="checkbox"/> |
| Surges               | Y / N      | Y / N        | Y / N        | Y / N       | GAS <input checked="" type="checkbox"/> |
| Down to nothing      | Y / N      | Y / N        | Y / N        | Y / N       | Type of Fluid                           |
| Gas or Oil           | Y / N      | Y / N        | Y / N        | Y / N       | Injected for                            |
| Water                | Y / N      | Y / N        | Y / N        | Y / N       | 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>Kathy White</i>               | OIL CONSERVATION DIVISION |
| Printed name: <i>Kathy White</i>            | Entered into RBDMS        |
| Title: <i>Office Manager</i>                | Re-test                   |
| E-mail Address: <i>masoperating@att.net</i> |                           |
| Date: <i>7/11/17</i>                        |                           |
| Phone: <i>432-618-0678</i>                  |                           |
| Witness: <i>J. Dowe</i>                     |                           |

INSTRUCTIONS ON BACK OF THIS FORM