

SEP 11 2017

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

RECEIVED

BRADENHEAD TEST REPORT

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Operator Name<br><i>Pogo</i>       | *API Number<br><i>30-025-11510-</i> |
| Property Name<br><i>Langlie Jd</i> | Well No.<br><i>25</i>               |

7. Surface Location

|                      |                     |                        |                     |                         |                      |                         |                      |                      |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| UL - Lot<br><i>D</i> | Section<br><i>9</i> | Township<br><i>25S</i> | Range<br><i>37E</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>W</i> | County<br><i>Lea</i> |
|----------------------|---------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|

Well Status

|                                                                                             |                                                                                           |                                                                                  |                                                                       |                        |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SHUT-IN<br><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INJECTOR<br><input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><i>8/14/17</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>Ø</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 checked="" 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>K. Townsend</i>                      | OIL CONSERVATION DIVISION  |
| Printed name: <i>Kyle Townsend</i>                 | Entered into RBDMS         |
| Title: <i>Manager</i>                              | Re-test <i>[Signature]</i> |
| E-mail Address: <i>Kyle @ Pogo Resources. com.</i> |                            |
| Date: <i>8/14/17</i>                               |                            |
| Phone: <i>713-205-9886</i>                         |                            |
| Witness: <i>[Signature]</i>                        |                            |

INSTRUCTIONS ON BACK OF THIS FORM